

TO REGISTER:

Mail this form and check payable to Streetsboro Junior Baseball: Streetsboro Junior Baseball, PO Box 2196, Streetsboro, OH 44241

PLEASE COMPLETE ALL ITEMS BELOW:

| *Team Name: | | | | | | | |
|-----------------------|-------|-----|------|------|------|------|--|
| *League (for 2020 sea | son): | | | | | | |
| *Coach/Manager Nam | ne: | | | | | | |
| *Cell Phone: | | | | | | | |
| *Email Address: | | | | | | | |
| → Select/circle one: | RII | 911 | 1011 | 1111 | 1211 | 1311 | |

Questions? Contact Thomas Sanford at thomas.sanford@ey.com or (440) 476-1355

Please write any special scheduling requests in the space below.

0 Games - 75% 1 Game - 50% 2 Games - 0%