



MAHOPAC SPORTS ASSOCIATION

PO Box 955
Mahopac, NY 10541
(845) 628-0888
www.MSAsports.org

E-Mail Address: _____

Child's
First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

D.O.B.: _____ Male Female

Parent/Guardian Name(s): _____

Parent/Guardian Name(s): _____

Evening Phone#: _____ Daytime Phone#: _____

Emergency Phone#: _____

LEAGUE PLACEMENT BY SCHOOL GRADE

T-Ball: K Ponies: 1 2 Colts: 3 4 Minors: 5 6
 Majors: 7 8 Seniors: 9 10 11 12 (non varsity players)

School District: Falls Austin Fulmar Lakeview St John's MMS MHS Other _____
 (False information will disqualify child from participation)

Please indicate:
Handicaps or disabilities the Coach should be aware of: _____

League, Team and Coach from last year: _____

Other Spring Sport(s) Child will play: _____ Will Baseball be the priority: Yes No

PARENT PARTICIPATION IS REQUESTED

Our Volunteer Service is:

<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Concession	<input type="checkbox"/> Fields Mgmt
<input type="checkbox"/> Umpiring	<input type="checkbox"/> Equipment Mgr	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Publicity
<input type="checkbox"/> Web Site	<input type="checkbox"/> Team Secretary	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Other: _____

PLEASE READ AND SIGN THE CODE OF ETHICS

Description	Fee	Memo	Total
Baseball	\$ 80.00 + 100 MAC Fee		\$
T-Ball	\$ 45.00 + 50 MAC Fee		\$
Fundraiser- Mandatory Raffle	\$ 25.00	(Minimum 1 per Family)	\$
MSA Fee	\$ 3.00		\$
Late Registration	\$ 20.00	(Max \$20 per Family)	\$
Donation			\$
Sponsorship	\$ 175.00	(fill out Sponsor Sheet)	\$
Other:			\$
GRAND TOTAL			\$

Method of payment: Cash Check (Ck#) _____
 (Note: include phone number on check; return check fee is \$30.00)

Received by: _____