



2018 REGISTRATION FORM – Make Checks Payable to **Pelham Baseball, Inc.**

<b>PLAYER NAME:</b>	_____
<b>PLAYER DATE of BIRTH (PLAYING AGE per Age Chart Below)</b>	_____
<b>PLAYER SHIRT SIZE (Circle One)</b>	Youth Small, Medium, Large Adult Small, Medium Large, XL, XXL
<b>PRIMARY ADDRESS:</b>	_____
<b>PRIMARY PHONE NUMBER:</b>	_____
<b>ALTERATE PHONE NUMBER:</b>	_____
<b>PARENT / GUARDIAN FULL NAME:</b>	_____
<b>PRIMARY EMAIL ADDRESS:</b>	_____
<b>ALTERNATE EMAIL ADDRESS:</b>	_____
<b>DID PLAYER PLAY BASEBALL LAST YEAR (YES or NO)?</b>	
<b>IF YES, WHAT DIVISION?</b>	_____
<b>COPY of BIRTH CERTIFICATE INCLUDED WITH REGISTRATION (YES or NO)?</b>	
<b>FRIEND or COACH REQUEST FOR PLAYERS 7 or YOUNGER</b>	_____
(Requests are taken but not guaranteed)	
<b>ARE YOU WILLING TO VOLUNTEER AS A COACH (YES or NO)?</b>	
(If YES to either of the above – complete volunteer application)	

**What are the 2018 Pelham Baseball registration fees?**

League age 5 & 6 registration fee is \$100

League age 7, 8 & 9 registration fee is \$140

League age 10, 11 & 12 registration fee is \$165

**CAL RIPKEN LEAGUE AGE CHART**

	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999
January	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
February	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
March	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
April	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

May		5	6	7	8	9	10	11	12	13	14	15	16	17	18
June		5	6	7	8	9	10	11	12	13	14	15	16	17	18
July		5	6	7	8	9	10	11	12	13	14	15	16	17	18
August		5	6	7	8	9	10	11	12	13	14	15	16	17	18
September		5	6	7	8	9	10	11	12	13	14	15	16	17	18
October		5	6	7	8	9	10	11	12	13	14	15	16	17	18
November		5	6	7	8	9	10	11	12	13	14	15	16	17	18
December		5	6	7	8	9	10	11	12	13	14	15	16	17	18



Please mail completed forms and payment to **Pelham Baseball, PO Box 282, Pelham, NH 03076**

**REGISTRATION CHECKLIST**

- COMPLETED REGISTRATION FORM \_\_\_\_\_
- REGISTRATION FEE \_\_\_\_\_
- COPY OF BIRTH CERTIFICATE (New Players Only) \_\_\_\_\_
- COMPLETED CODE OF CONDUCT FORM \_\_\_\_\_
- COMPLETED MEDICAL RELEASE FORM \_\_\_\_\_
- COMPLETED VOLUNTEER FORM (OPTIONAL) \_\_\_\_\_