



Triple Play Batting Cages

Fall Baseball Team Registration Form

Team Name	
Town:	

Division:	Majors (U12):	<input type="checkbox"/>
	Minors (U10):	<input type="checkbox"/>

Head Coach Name	
Telephone Number	
Email Address	

Assistant Coach Name	
Telephone Number	
Email Address	

Base Team Fee: \$500 (Minors), \$650 (Majors)
 Insurance (add \$75):
 Waive Insurance:

Signature:



Triple Play Batting Cages

ROSTER (Up to 20 Players)

#	Name	DOB
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Send Forms and Payment to:

Triple Play Batting Cages
500 Main Street Clinton, MA 01510
www.tripleplaybattingcages.com