

Leitchfield 2023 Baseball Registration Form
Leitchfield City Hall 515 S Main
270-259-4034

Player Information

Last Name: First Name: M.

Circle: Male or Female Age before Jan 1st: _____

Birthday (mm/dd/yyyy)

Home Address:

House # Street

City State Zip

Email:

Do you receive text messages? YES NO

Check One:

Division of play for Little League Baseball

____ Tee Ball (4-6) ____ Minor (9-10)

____ Coach Pitch (6-8) ____ Major (11-12)

Team or Coach Last Year: _____

Season starts mid-April & lasts for 8 -10 weeks.

REGISTRATIONS MUST BE TURNED IN BY MARCH 17TH.

Would you be willing to coach? YES NO

Shirt Size (circle one)

YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL

Note: If mailing registration form.

Mail check to: Leitchfield City Hall

PO Box 398, Leitchfield, KY 42754

Make check payable to: **CITY OF LEITCHFIELD**

Primary Contact Information:

Relationship _____

Last Name

First Name

Home Phone

Cell Phone

Alternate Contact Information:

Relationship _____

Last Name

First Name

Home Phone

Cell Phone

The undersigned agrees to indemnify and hold harmless the City of Leitchfield and their agents and employees from and against all claims, damages, losses and expenses of any nature or description arising out of the premise by any person whatsoever.

SIGNATURE: _____ DATE: _____

Total Due Check # _____ Check Amount: _____ Cash: _____

1 Child	\$70.00
2 Children	\$130.00
3 Children	\$190.00

Name who issued payment: _____

Received By: _____ Date: _____

After 3 each additional child \$60.00.

****FEE WILL INCLUDE SHIRT/BALLCAP FOR EACH PLAYER.****

**NOTE: FILL OUT ONE REGISTRATION FORM PER PLAYER
REQUEST REGARDING PLAYERS:**

STAMP PAID HERE