

Leitchfield 2023 Softball 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

 Primary Contact Information

 Last Name First Name Home Phone Cell Phone

 Alternate Contact Information

 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 use of the premises 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.

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

NOTE: FILL OUT ONE REGISTRATION FORM PER PLAYER.

REQUESTS REGARDING PLAYERS:

Check One

____ 8u Modified Machine Pitch ____ 14u Fast Pitch.
 ____ 12u Slow Live Pitch ____ 16u Slow Pitch
 ____ 10u Fast Pitch

Team or Coach Last Year: _____

REGISTRATIONS MUST BE TURNED IN BY MARCH 17TH.

Would you like 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**

Relationship _____

Relationship _____

STAMP PAID HERE