

Leitchfield 2024 Baseball Registration Form
Leitchfield City Hall 515 S Main
270-259-4034

Player Information

Last Name: First Name: M.

Circle: Male or Female

Age of child on August 1, 2024: _____

Birthday (mm/dd/yyyy) _____

Home Address:

House # Street

City State Zip

Email:

Do you receive text messages? YES NO

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	\$60.00
2 Children	\$110.00
3 Children	\$150.00

Name who issued payment: _____

Received By: _____ Date: _____

After 3 each additional child \$45.00.

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

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 15TH.

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**

STAMP PAID HERE