



Marshfield Post 54 American Legion Baseball  
 PO Box 416  
 Marshfield WI 54449



## 2023 Registration Form

### Player Information

Player Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Player email address \_\_\_\_\_

Player Cell Phone \_\_\_\_\_

### Parent Information

Father Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Father email address \_\_\_\_\_

Mother Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Mother email address \_\_\_\_\_

I understand that family involvement is needed this season and I acknowledge that I will be asked to volunteer 20 hours, per player, to be eligible to receive a \$200.00 per player reimbursement.

Player Signature \_\_\_\_\_

Father Signature \_\_\_\_\_

Mother Signature \_\_\_\_\_

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### For Legion use only

Registration Fee \_\_\_\_\_ Date \_\_\_\_\_ Check Number \_\_\_\_\_

Form 1 \_\_\_\_\_ Form 2 \_\_\_\_\_ Proof of Age: BC DL