



TO REGISTER:

Mail this form and check payable to Streetsboro Junior Baseball:
Streetsboro Junior Baseball, PO Box 2196, Streetsboro, OH 44241

PLEASE COMPLETE ALL ITEMS BELOW:

*Team Name: _____

*League (for 2019 season): _____

*Coach/Manager Name: _____

*Cell Phone: _____

*Email Address: _____

→ Select/circle one: 8U 9U 10U 11U 13U 14U

Questions? Contact Thomas Sanford at thomas.sanford@ey.com or (440) 476-1355

Please write any special scheduling requests in the space below.

0 Games - 75% 1 Game - 50% 2 Games - 0%