

MCA

PARKS / POOLS / PROGRAMS

Baseball Team Application

___ Spring 2021 (March 15-June 15)

___ Summer 2021 (June 15 - August 15)

___ Fall 2021 (August 15 - October)

*Please fill out all information

Team Name: _____

Head Coach Name: _____

Cell Number: _____

Email: _____

Address: _____

Age Group (Circle): 8u 9u 10u 11u 12u 13U 14U

Tournament Team (Circle): Yes No If Rec League Name: _____

Team Insurance (Circle): Yes No / Carrier: _____

Desired Start/Finish Time (0:00): _____

Desired Number of Weekly practices (Circle): One Two

Preferred "One Day" Team Practice (Circle) Mon / Tue / Wed / Thr / Fri / Sun

2nd and 3rd preferences: _____

Preferred "Two Day" Team Practice (Circle) Mon&Thr / Tue&Fri / Wed&Sun

2nd and 3rd preferences: _____

