



Bensenville Sports
CONFERENCE

2023 Little Sluggers T-Ball League

3-5 YEAR-OLD REGISTRATION & INFORMATION FORM

CHILD & PARENT INFORMATION:

CHILD NAME: _____ D.O. B: ____/____/____

Check one for the child: Male _____ Female _____

Height: _____ AGE: _____ GRADE: _____

PARENT/GUARDIAN NAMES: _____

(Circle BEST phone number)

HOME PHONE: (____) ____-____ CELL PHONE 1: (____) ____-____

CELL PHONE 2:(____) ____-____

E-MAIL _____

(*this is used to relay important team information):

T-Shirt SIZE: (Please circle one)

Youth S Youth M Youth L Youth XL Adult S Adult M Adult Large

*You will receive the size that is ordered.

1) Have you participated in T-Ball with BPD before? _____

2) Do you have any other T-Ball experience? _____

3) Please indicate what school your child attends: _____

*All teams will be formed by Athletic Supervisor.

Player or Coach Requests: _____

VOLUNTEER COACHES NEEDED!

(Please check one)

_____ **Yes, I would like to be a volunteer head coach.**

_____ **Yes, I would like to be a volunteer assistant coach.**

_____ **Yes, I have a relative who would like to be a coach. Contact info below.**

_____ **No, I am not available to coach.**

Name: _____ **Phone:** _____

Email: _____

*Volunteer Head Coaches must let the Athletic Supervisor know if they are requesting a specific Assistant Coach **PRIOR** to the player evaluation and draft.