



Bensenville Sports  
CONFERENCE

## 2023 Little Sluggers T-Ball League

### 5-7 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.