



Registration Form
 P. O. Box 772 Chatham, VA 24531
www.chathamyouthleague.com
 434-548-TEAM



Player Name
 (Last, First MI)

Primary Address

City/State /Zip

Contact 1 /
 Name /Phone #

Contact 2 /
 Name/Phone #

Email

School Attending/ High School District / **New Player**

Birthday

Gender

Date Paid

COST ---- \$60.00

Cash Check

Copy of Birth Certificate Yes No

My child will Baseball Softball

signup for: Softball

Volunteer: Coach Assistant Coach Board Member Sponsor

BASEBALL DIVISIONS (LEAGUE AGE DETERMINED BY AGE AS OF APRIL 15, 2023)

TEE BALL INSTRUCTIONAL

MINOR MAJOR

GIRLS SOFTBALL DIVISIONS (LEAGUE AGE DETERMINED BY AGE AS OF JANUARY 1, 2023)

U-8 U-10

U-13 U-17 PLAY JUNE – JULY

Shirt Size (Please Check One)

Youth - Small Medium Large

Adult - Small Medium Large X Large XX Large XXX Large

Parent Guardian (Signature) _____

Date _____

*** Please make all checks payable to **Chatham Youth League*****
 THERE WILL BE **NO** REFUNDS!