



Delaware Fillies Fast-Pitch 2017 / 2018 Player Registration Form

Last Name:		First Name:		MI:
Street Address:		City:	State:	Zip:
Birth Date:		Age on 1/1/2018:		Tryout #:
School:		Grade:	Home Phone:	
New/Returning Player:		Last Team:	Registered Siblings:	
Parent(s)/Guardian Info				
Mother Last Name:		First Name:		Home Phone:
Father Last Name:		First Name:		Home Phone:
Mother Cell Phone:			E-mail:	
Father Cell Phone:			E-mail:	
Parent Occupation:				
Player Other Info				
School:		Position: P C 1B 2B SS 3B OF		Bats: Left / Right / Both
Other Travel Experience:			Throws: Left / Right / Both	
Please answer a few questions for us about the Fillies Organization & Volunteer Opportunities:				
Question		Answer(s)		
<u>If you are a returning member</u> 1. What does your player enjoy the most about our league? 2. Are you pleased with the coaching your player received last season? 3. How could we make the league more enjoyable for the parents?				
<u>If you are a new member</u> 1. How did you hear about Delaware Fillies Fast-Pitch? 2. Have you visited the league website? 3. What made you decide to register your player with our organization?				
<u>Volunteer Opportunity:</u> Would you like to be a Fillies Volunteer? Yes No		<u>Volunteer Type (circle all / subject to background check):</u> Help where/when needed Team parent Fundraising Committees Coach		
<u>Other Comments:</u>				