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Downtown Optimist Club of Meridian 2024 T-Ball Program @ Crestwood Fields
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**Team or Team
Mate Requested**

Player's Name: _____

Parent or Guardian Name: _____

Address: _____

Cell Phone: _____ **Secondary Phone:** _____

******E-Mail Address:** _____ ***IMPORTANT**

AGE: _____ **Date of Birth:** _____ **Male:** _____ **or Female:** _____
(Must be 4 by August 1st and cannot be 7 before August 1st)

T-Shirt Size (Circle One): XS S M L

Number on Jersey: _____ (We will TRY to accommodate number requests)

Name on Jersey (First Name OR Last Name Or Other) _____

IMPORTANT: Please complete if either parent or guardian can coach or asst. coach a team. *We need as many parents to coach or assistant coach as possible.*

Coach Team

Name: _____ **Phone:** _____ **Email:** _____

Assist. Coach

Name: _____ **Phone:** _____ **Email:** _____

Fee Amount: \$60.00 **Check #:** _____ **Date:** _____ (2nd child in family \$40)

How did you hear about sign-ups? Family/Friends Flyer Facebook Website