

# Suffern Little League

P.O. Box 315, Suffern, New York 10901



## Suffern Little League Registration Form

### PLAYER INFORMATION

New to League YES \_\_\_\_\_ NO \_\_\_\_\_

Player's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Tele# \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ League Age \_\_\_\_\_ Division \_\_\_\_\_

(Age as of next April 30)

Check here if address or telephone has changed since last year

If eligible, would you like your child considered for the  
Major League Draft? Yes \_\_\_ No \_\_\_

### VOLUNTEER INFORMATION

Would you like to be a league volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity? Manager \_\_\_ Coach \_\_\_ Coordinator \_\_\_ Umpire \_\_\_

Fundraising \_\_\_ Field Maintenance \_\_\_ Game Announcer \_\_\_

Your Name \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Would you be interested in supporting Suffern Little League by advertising  
in our Handbook or on a billboard? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have checked yes, Thanks. A representative will contact you with more details.

### PAYMENT INFORMATION

(To be completed by league representative)

Registration Payment \$ \_\_\_\_\_ Individual \_\_\_\_\_ Family \_\_\_\_\_

Candy Payment \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Total Payment \$ \_\_\_\_\_ Approved \_\_\_\_\_

**I UNDERSTAND NO REFUNDS WILL BE GRANTED  
AFTER TEAMS HAVE BEEN DRAFTED.**

SIGNED (X) \_\_\_\_\_