



Registration Form for Tryout:
2009-10 College PREP Baseball Team

Please mail back to:

Frozen Ropes
512 Warren Ave.
Portland, ME. 04103
Attn: Nick Caiazzo

Player Name: _____ **DOB:** _____

Parent Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Other Phone: _____ **Cell:** _____

Email: _____

Player Positions: 1. _____ 2. _____ 3. _____

Amt:\$400 Non-Refundable Deposit due on Saturday, 8/15 (Parent/player meeting)

Check #: _____

Credit Card # _____ **Exp:** _____

Signature: _____