

F R O Z E N R O P E S

# Fast Pitch



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Player's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_  
Emergency \_\_\_\_\_  
Email Address \_\_\_\_\_  
Total Payment \$ \_\_\_\_\_

Make checks payable to and mail to:

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_



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