



Port Charlotte Little League Port Charlotte, FL

2020 Player Registration

Player Name: _____
Last First Middle

DOB: ____ / ____ / ____ Age: ____ Sex: ____ Home Phone: _____
Month Day Year

Address: _____
Street City State Zip

Parent/Guardian #1

Name: _____

Phone No.: _____

E-Mail: _____

Text Phone Messages? Yes No

Are you on Facebook? Yes No

Please join our Facebook page for **ALL Notifications**

Parent/Guardian #2

Name: _____

Phone No.: _____

E-Mail: _____

Text Phone Messages? Yes No

Are you on Facebook? Yes No

Please join our Facebook page for **ALL Notifications**

The success of Port Charlotte Little League requires your participation.

Volunteer form needs to be completed. We are in need of volunteers so please check your area of interest or speak with Lou Agosto or Darcy Woods.

Concession Scorekeeping Umpiring Manager/Coach Team Mom

How were you referred to us? _____

Parent/Guardian Signature: _____ Date: _____

FOR LEAGUE USE ONLY

Birth Certificate # _____ Proof of Residency: Y N Medical Release Form: Y N

Check if email was sent League Age: _____ Division: _____

SHIRT SIZE				
YOUTH	S	M	L	XL
ADULT	S	M	L	XL

Registration Fee: _____ Check # _____ Cash

Sibling Discount: _____ Balance Due: _____ Total Payment: _____

Received By: _____

Notes: _____