

**VENTNOR REGISTRATION FORM**

**YOUTH Baseball & Softball**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE CHECK BOX OF INTEREST (1 form per child please)

**TEAM SPORTS – March to June**

- T-Ball 5 to 7 years old
- Minor League Baseball (pitching machine) 7-9 years old
- Little League Baseball – 9-12 years old
- SOFTBALL 7 to 16 years old
- I am willing to volunteer as a coach or to assist at the refreshment stand.

Vol. Name \_\_\_\_\_ Cell # \_\_\_\_\_ Vol. level / position \_\_\_\_\_

**FOR MORE INFO. CALL RECREATION DEPT. AT 609-823-7950**

**EMAIL FORMS TO: [jthomas@ventnorcity.org](mailto:jthomas@ventnorcity.org)**

**or MAIL TO: VENTNOR RECREATION  
6201 ATLANTIC AVE.  
VENTNOR, NJ 08406**