

Future Prospects Registration Form

Player's Name: _____

Age/Grade: _____/_____

Shirt size: _____

I am registering for (circle the program or programs):

Rookie

4-5:30- PM

Skill Level 6-8 yrs old

Advanced

5:30- 7PM

Skill Level 9-11 yrs old

Health Issues we should know about:

Phone #: _____ **Email:** _____

Guardian's Name Print: _____

Guardian's Signature: _____ **Date:** _____

Please Make Check Payable to: Big League Talent

Mail to: Big League Talent

421 Vista Ct

Brick, NJ 08724