



2023 Season Post 19 Riverton Raiders Legion Baseball REGISTRATION FORM

Player & Parent Information

| Name: | | | |
|----------------------------|------------------|----------|--------------------|
| Address: | | | |
| | | | : |
| Father's Name: | | Cell #: | |
| Father's Address: | | | |
| | | | |
| Mother's Address: | | | |
| | | | |
| Family Email Address: | | | |
| Emergency Contact: | | Ph | one #: |
| School: | Graduation Year: | | |
| | | | |
| Uniform Information | | | |
| Number Preference: | | | |
| (Preference to Returning F | | | |
| Size: (Top) | Size: | (Bottom) | Flexfit Hat Size: |
| Hoight. | Woight | | (Youth, S/M, L/XL) |