

LEHIGH ACRES LITTLE LEAGUE

Player All Star Application

Name _____ League Age _____

Phone Number _____

Jersey Number (3 choices) _____, _____, _____

Please select the division(s) you wish to be considered for.

Softball Divisions

8/9/10

9/10/11

10/11/12

13/14/15/16

Baseball Divisions

8/9/10

9/10/11

10/11/12

13/14

15/16

Please circle one in each category, shirt and pant and hat,

Shirt Size: YS YM YL YXL AS AM AL AXL A2X

Pant Size: YS YM YL YXL AS AM AL AXL A2X

Hat Size: S/M M/L

By signing this form, if you are chosen for a team you **MUST**

1. Be available to play for your Little League team the entire summer if needed.
2. Pay in full, \$100.00 per player, due before you will get your uniform.
3. Be committed to your Little League team above all other sports.

Forms **MUST** be returned by May 24, 2019. Any applications returned after that date may **NOT** be accepted.

Parent's Signature

Date