

# NY GRAYS BASEBALL 2019

## PLAYER REGISTRATION

CHECK ONE: 15U \_\_\_ 17U/18U \_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DO YOU HAVE: (CIRCLE) PASSPORT OR ID

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_ GPA: \_\_\_ SAT: \_\_\_ (Math) \_\_\_ (Verbal) \_\_\_ ACT: \_\_\_ SAT2 \_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLAYER'S: PHONE: \_\_\_\_\_

PLAYER'S E-MAIL: \_\_\_\_\_

PARENTS: NAME(S): \_\_\_\_\_

PARENTS PHONE(S): \_\_\_\_\_

PARENT(S) E-MAIL: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

THROWS: (CIRCLE) R OR L BATS: (CIRCLE) R L BOTH

POSITION(S): \_\_\_\_\_

DESIRED JERSEY # 1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_ 3<sup>RD</sup> CHOICE \_\_\_\_\_

JERSEY SIZE: \_\_\_\_\_ (ADULT/ SM.-XXX-L)

PANT SIZE: \_\_\_\_\_ (ADULT/ SM.-XXX-L)

CAP SIZE (FITTED): \_\_\_\_\_ (example 7 1/4)

Give Birth Certificate to your coach or fax to: 212-381-2503 or email [dowens@halstead.com](mailto:dowens@halstead.com)

## 2019 FEE: \$1500

Checks made payable to: *New York Grays Baseball Club*

Or Pay Online via: League Apps @ [www.newyorkgrays.org](http://www.newyorkgrays.org)

### EVERYONE MUST REGISTER ONLINE

Sent to: David Owens 65 West 90<sup>th</sup> Street Apt. 16B NY, NY 10024

Fax: to 212-381-2503