



KYAL Sandlot Baseball League

Participant's Name _____ Nickname _____

Participant's Age _____ Date of Birth _____ Positions Played _____

Current KYAL Team _____ League (Majors, AA, AAA) _____

Parent Name(s) _____

E-Mail _____ Phone _____

Emergency Contact _____ Phone _____

Willing to Volunteer as Coach/Umpire (Y/N) _____ Other Help, As Needed (Y/N) _____

Mail completed registration form (along with a check for \$35 **made payable to KYAL**) to:

Kreg Isleib
423 Winding Stream Road
Spring City, PA 19475

** An email confirmation will be sent to the address listed above. **

** Registration due by Wednesday, June 22 **