

2008 PLAYER REGISTRATION FORM

Miracle League is all about the players and their families. We encourage your participation and involvement whenever and wherever you can. Welcome to Catch 22 Miracle League (Located in Chesterfield Missouri) where ***Every Kid Deserves to Play Baseball!***

Thank you for your interest / involvement in Catch 22 Miracle League!

Player Name			
Buddy Preference (Please indicate one)			Buddy Name If applicable – does not assure assignment
Parent	Sibling	Youth	Adult
Player Date of Birth		Player School / Sponsor	
		Uniform Size Adult / Youth Sm / M / L / XL / XXL	
Player's Disability / Types of Assistance Needed			
Parent / Guardian one - First Name		Parent two - First Name	eMail Address – Checked most often
Parent / Guardian Daytime Telephone		Parent / Guardian Cell Telephone	Parent / Guardian Evening Telephone

Please register my Player for the Catch 22 Miracle League Baseball Season –

- Registration is free for all participants
- I would like to help sponsor the Catch 22 Miracle League , I have included an amount of \$_____
- Please contact me regarding League / Team Sponsorship

Parent / Legal Guardian Signature	Date Signed
	/ / 2008

Make checks payable to **Catch 22 Miracle League** – all donations are tax deductible

Registration should be accompanied by donation / registration fee, unless other arrangements have been made with League Officials.

Mail / Deliver to: **Catch 22 Miracle League**
895 Braquewood
Ballwin, MO 63021

Catch 22 Miracle League Use Only

Rec Date	Reg / Donation?	Check	Release Signed?
/ /	Y / N	Date / /	Y / N
Source	Amt \$	Date / /	
Player Referred	Prior Player?	Prior Team / Yr	Officer Initials
	Y / N	/	

