



PLAYER APPLICATION

Name of Player: _____

Date: _____

League (check ONE): _____ Coastal (Biloxi) _____ North (New Albany)

Team Request: _____

Date of Birth: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ (h) _____ (c)

Email Address(es): _____

College: _____ Fall Enrollment Classification (FR SO JR SR) _____

Position(s): _____ Height: _____ Weight: _____ Bats: _____ Throws: _____

School: _____

Jersey Size: ___XS ___S ___M ___L ___XL ___XXL

Jersey Number: _____ First Choice _____ Second Choice

Cap Size: ___XS ___S ___M ___L ___XL

Baseball Honors/Achievements: _____

Personal/Other Achievements: _____
