



LA RONDE LITTLE LEAGUE
BASEBALL

www.larondelittleleague.ca



Player's Name	Address	Postal Code
Date of Birth – (mm/dd/yyyy)		
Male contact name (parent/guardian)	Home Phone No.	Cell Phone No.
Female contact name (parent/guardian)	Home Phone No.	Cell Phone No.
EMAIL ADDRESS (highly recommended)		

***** JERSEY SIZE :** **Youth S M L XL**
 Adult S M L

I would like you volunteer my time with La Ronde Little League to help:

- Coach yes / no
- Umpire yes / no

Special Request: _____

