

FARMINGDALE BASEBALL LEAGUE, INC.

34D Hempstead Turnpike, Farmingdale, NY 11735

Phone: 516-249-7375 Fax: 516-249-8203 E-mail: fbli@optonline.net Website: www.fdalebaseball.com

2008 REGISTRATION FORM

LEAGUE : _____

ACTIVITY: FBFI

PLAYER INFORMATION REQUIRED :

Last Name: _____	First Name: _____		
Sex: _____	Date of Birth: _____	Age: _____	Phone: _____
Address: _____	City/State/Zip: _____		
School: _____	Grade: _____		
Emergency Contact: _____	Phone: _____		

Father's Name: _____		
Address: _____	City/State/Zip: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
E-mail Address: _____		

Mother's Name: _____		
Address: _____	City/State/Zip: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
E-mail Address: _____		

CONSENT OF PARENT OR GUARDIAN

I, the undersigned, being the parent/guardian of _____ do hereby grant permission for his/her participation in all activities, athletic or otherwise, sponsored by Farmingdale Youth Council, Inc. I understand that NO REFUNDS WILL BE GIVEN AFTER MARCH 7, 2008

Signed: (Parent /Guardian): _____ Date: _____

DO NOT COMPLETE BELOW (FOR OFFICE USE ONLY).

O.O.D.: _____	Amount: _____	1 of _____	PAYMENT: CK _____	Ck # _____	Cash _____
Birth Certificate: _____	FBLI Staff: _____				