

**JUNIOR DICK SIEBERT FALL BASEBALL
INSTRUCTIONAL LEAGUE
REGISTRATION**

Name: _____

Parent's name: _____

Address: _____

City: _____ **State:** _____

Zip: _____ **Date of Birth:** _____

Email _____
(to confirm your registration)

High School: _____

Graduation year: _____ **Bat** _____ **Throw** _____

1st Position: _____ **Height:** _____ **Weight** _____

Other positions you can play _____

Home or cell phone: _____

Parent's work phone: _____

Jersey top size: L XL (please circle one)

Make checks(\$375.00) payable to and mail to:

Minnesota Baseball Instructional School
P.O. Box 13449
Minneapolis, MN 55414