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($399.00) payable to and mail to:

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