



NON-ROSTERED PLAYER INFORMATION SHEET

Fall Baseball

NAME: _____

ADDRESS: _____

TELEPHONE: _____ (H) _____ (C)

AGE: _____

POSITIONS PLAYED: _____

EXPERIENCE/LEVEL OF COMPETITION:

**COMPLETE FORM AND RETURN IT TO BPRD OFFICE, 400 EAST FRONT,,
FORMS WILL BE REMOVED AT COMPLETION OF CURRENT SEASON.**