



FALL YOUTH BASEBALL NON-ROSTERED PLAYER INFORMATION SHEET

NAME:_____

ADDRESS:_____

TELEPHONE:_____ (H)_____ (W)

AGE:_____

POSITIONS PLAYED:_____

EXPERIENCE/LEVEL OF COMPETITION:

**COMPLETE FORM AND RETURN IT TO BPRD OFFICE,
400 E. FRONT AVE. OR EMAIL TO BISPARKS@BISPARKS.ORG**