

Southern Nevada Connie Mack Baseball



Name _____ Height _____ Weight _____
(First) (Middle) (Last)

Home Address _____
(Street or PO Box) (City) (State) (Zip)

Home Telephone _____ Cell Phone _____

Current Age _____ Birth Date _____ Age Division (Circle)
(Month) (Day) (Year) 18 U 16 U 14 U

ZONED High School _____ H.S. Address _____
(Name) (Street) (City) (State) (Zip)

Connie Mack Team _____ Coach _____
(Name) (Name)

Father's Name _____ Mother's Name _____

Living With (Circle One) Father Mother Both Guardian

Name of Guardian _____

If attempting to play outside of your zoned Connie Mack Baseball team, the following information must be completed and agreed upon. Request will be approved/denied by Southern Nevada Connie Mack Board

Existing Zoned High School _____

Requesting to play for _____
(Team Name) (Zoned High School)

Zoned Head Coach (Printed) _____ (Signed) _____

New Head Coach (Printed) _____ (Signed) _____

Reason For Request: _____
