



OTTAWA NEPEAN CANADIANS BASEBALL

2010 WINTER CAMP REGISTRATION

Player Last Name:	
Player First Name:	
Date of Birth:	
Positions Played:	
School:	
Graduation Year:	
Height:	
Weight:	
Hitting (L / R)	
Throwing (L / R)	
Previous Team & Level:	
T-Shirt Size (M, L, XL, 2XL)	
Medical Information (specify):	

Information	Player	Father	Mother
Name			
Phone # - Home			
Phone # - Work			
Phone # - Cell			
E-Mail Address			
Address			
Street			
City-Town			
Province			
Postal Code			

Payment Received: \$ _____
 Cheque No: _____

Payment Type: Cash or Cheque
 Date Received: _____