

British Columbia Minor Baseball Association
TEAM REGISTRATION FORM

Please Print

	Player's Surname	Player's Given Name	Players Address	Birthdate			Birth Certificate No.
				DD	MM	YY	
1							
2							
3							
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18							
Coach		Given Name	Address	Phone Number			NCCP#
Coach		Given Name	Address	Phone Number			NCCP#
Manager		Given Name	FULL Address	Phone Number			NCCP#
Age Division		Year					
Zone							
Name of League			Date	Signature of Team Manager			
Team Name in Full			Date	Signature of Association President			