

JUNIOR HIGH PLAYER APPLICATION

Name of Player:					
Date:					
Date of Birth:		Social Secu	rity #:		
Home Address:					
	City:		State:	Zip: _	
Telephone Number(s):		(h)		_ (c)
Email Address(es):					
School:		20)14-2015 Grade_		
Position(s):			Bats:	Throws:	
Jersey Size:XS	S _	ML	XLXX	Ĺ	
Jersey Number:	First	Choice	Second		
Choice Cap Size:	_xs	_SM _	LXL		
Baseball Honors/Achievements:					
Personal/Other Achi	evements	S:			

COTTON STATES BASEBALL LEAGUE 603 S. Central Avenue, New Albany, MS 38652

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