



BOTHASIG BASEBALL CLUB

Abe Sher Stadium | De Boerin Street | Bothasig | Cape Town

www.bothasig.co.za

secretary@bothasigbaseballclub.co.za

PLAYER REGISTRATION FORM

NAME: _____ SEASON: _____

SURNAME: _____ DATE: _____

MALE/FEMALE: ID NUMBER:

AGE at 31/12/2019 _____ RACE _____

ADDRESS: _____ CONTACT: _____

_____ CELL: _____

_____ ALT NO. _____

EMAIL: _____

SCHOOL: _____ PRIMARY/HIGH: _____

DOES YOUR SCHOOL OFFER BASEBALL? _____ PLAYED BEFORE? Y N

POSITION 1: _____ BATS LEFT OR RIGHT? L R

POSITION 2: _____ THROWS LEFT OR RIGHT? L R

HAVE YOU PLAYED FOR YOUR DISTRICT? Y N Years? _____

HAVE YOU PLAYED NATIONAL? Y N Years? _____

NUMBER OF YEARS PLAYING BASEBALL 0-2 yrs 2-5 yrs 5yrs+

DISABILITY: _____

SIGNED BY PLAYER: _____ PAYMENT MADE: Y N

SIGNED BY PARENT: _____ SIGNED BY CLUB: _____

Please send a copy of your ID/Birth Certificate with this registration form to natalie@bothasigbaseballclub.co.za