

REGISTRATION

Players should send a completed application along with the \$395 registration fee.

NAME_____

ADDRESS_____

CITY_____STATE____ZIP_____

PHONE_____EMAIL_____

DATE OF BIRTH_____

HIGH SCHOOL_____ GRAD DATE_____

HIGH SCHOOL COACH_____ PHONE _____

SUMMER COACH _____ PHONE _____

PRIMARY POSITION_____ SECONDARY POSITION_____

BATS R L S THROW R L (please circle)

HEIGHT_____WEIGHT_____

(P)SAT_____GPA_____

PARENTS NAME_____

Make checks payable to the **NJ Twins** and mail completed registration form to.

New Jersey Twins
P.O. Box 516
Pittstown, N. J. 08867

If you complete this form on-line, please be sure to complete payment on line also.