Lanier Baseball Information Page

Name:			_
Phone Number	er(s):		_
Parents' Emai	il Address:		
Grade:			
Position(s):			
(List in order	of what you think is your bes	st position)	
Do you want (Please circle)	to try out as a Pitcher	and/or	Catcher?
Throws: (Circle one)	R or L	Bats: (Circle one)	R or L or S
Any additional comments:			
I have read and agree to the policies of the Lanier Baseball Team			
Parent Signati	ure	Stude	nt Signature