Lanier Baseball Information Page

Name: __________________________________________

Phone Number(s): ________________________________

___________________________________________

Parents’ Email Address:

___________________________________________

___________________________________________

Grade: ________

Position(s): __________________________________________
(List in order of what you think is your best position)

Do you want to try out as a Pitcher and/or Catcher?
(Please circle)

Threws: R or L  Bats: R or L or S
(Circle one) (Circle one)

Any additional comments: ________________________________

___________________________________________

___________________________________________

I have read and agree to the policies of the Lanier Baseball Team

___________________________________________

Parent Signature                    Student Signature