



Little League® Coaches Registry Enrollment Form

First Name: _____

Last Name: _____

League Name: _____

District: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

E-Mail: _____

How did you hear about the Coaches Registry? _____

Coaching Level for this Season (check one):

Baseball

Please choose 2 Play Ball! DVDs:

Fielding

Pitching

Hitting

Softball

PAYMENT INFORMATION (\$30 US)

Check Enclosed (Made Payable to "Little League Coaches Registry")

Please charge my credit card (circle one): Mastercard Visa

Card Number _____ Exp. Date: _____

Name on Card (please print) _____

Signature _____