# Due No Later Than March 15<sup>th</sup>

# **Hawaii Pony Baseball**

**ANNUAL LEAGUE & MEMBERSHIP REGSTRATION** 

League Name: \_\_\_\_\_

Submission Date: \_\_\_\_\_

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| Complete Blank FILLABLE Team Roster of all league teams  | 16-34 |
| (Forms available in Excel. Email Gwen Earll for workbook at g.earll@pony.org)                            |       |
|  |       |
|  |       |
|  |       |
|  |       |

# HAWAII PONY BASEBALL ANNUAL LEAGUE REGISTRATION

## DUE DATE: March 15<sup>th</sup> 11:59pm HST

### **LEAGUE REGISTRATION INVOICE**

Invoice totals are auto calculated based on input

| Date:  | Year:                     |
|--|---------------------------|
| Description:                                   |                           |
| An <mark>nual Membership Application(s)</mark> | Am <mark>ount Due:</mark> |
| Shetland Division                              |                           |
| Pinto Division                                 |                           |
| Mustang Division                               |                           |
| Bronco Division                                | TM                        |
| Pony Division                                  |                           |
| Colt/Palomino                                  |                           |
| Total Amount Du                                | e:                        |
| Payment Ck                                     | #:                        |





# **LEAGUE OFFICERS ROSTER West Zone – Hawai'i Region**

| League Name:                |                                 |              |                        | Date:              |            |       |
|-----------------------------|---------------------------------|--------------|------------------------|--------------------|------------|-------|
|                             |                                 |              |                        | -                  |            |       |
| President                   | Name                            | Mailin       | g Address              | Best Contact Ph #  | Email      |       |
| Vice President              |                                 |              |                        |                    |            |       |
| 0                           | Name                            | Mailin       | g Address              | Best Contact Ph #  | Email      |       |
| Secretary                   | Name                            | Mailin       | g Address              | Best Contact Ph #  | Email      | -     |
| Treasure                    | Name                            | Mailin       | ng Address             | Best Contact Ph #  | Email      |       |
| Player Agent                | Name                            | Maiin        | g Address              | Best Contact PII # | Elliali    | V //  |
| r layer Agent               | Name                            | Mailin       | g Address              | Best Contact Ph #  | Email      |       |
| Director                    | Name & Title (i.e. Pinto Dire   | ctor. etc)   | Mailing Addres         | s Best Co          | ntact Ph # | Email |
| Director                    |                                 | ,,           |                        |                    |            |       |
|                             | Name & Title (i.e. Pinto Dire   | ector, etc)  | Mailing Addres         | es Best Co         | ntact Ph # | Email |
| Director                    | Name & Title (i.e. Pinto Dire   | ector, etc)  | Mailing Addres         | s Best Co          | ntact Ph # | Email |
|                             |                                 |              |                        |                    |            |       |
| <mark>League</mark> Mailing | Address ( <mark>where ma</mark> | ail should b | oe se <mark>nt)</mark> |                    |            |       |
|                             |                                 |              |                        |                    |            | TN    |
| Name                        |                                 |              |                        |                    |            |       |
| Mailing Address             |                                 |              |                        |                    |            |       |
| City                        | State                           | Zip          |                        |                    |            |       |
| Email                       |                                 |              |                        |                    |            |       |

# Step 2 Annual Membership Registration All Divisions

# HAWAII PONY BASEBALL ANNUAL MEMBERSHIP REGISTRATION

### DUE DATE: March 15th 11:59pm HST

Contained in this packet are all documents required for Hawaii Pony Baseball Annual Membership Registration. Please submit ENTIRE packet for all age division(s) registering. Be sure to complete ALL documents within packet. Incomplete packets may result in additional late fees and/or failure to participate in PONY sanctioned tournament play.

### **Registration Instructions:**

- 1. All forms are fillable and certain fields are required. DO NOT SEND IN HANDWRITTED FORMS
- 2. Once ALL forms are completed and checked for accuracy
  - A. Save ENTIRE Packet as follows: Year\_Name of League\_Division

Sample: 2015\_HawaiiPonyBaseball\_Pinto

- B. Email ENTIRE Packet as an attachment to Gwen Earll at g.earll@pony.org
- 3. Make check payable & mail to: \*\*\*Please be sure to note League Name on check\*\*\*

Hawaii Pony Baseball

PO Box 1234 Waianae, HI 96792

TM



DUE DATE: March 15th 11:59pm HST

| 1. | This application is for v | which division (Check O                 | NE (1) Box Only)                                |                           |                         |                           |                                  |
|----|---------------------------|---|---|---------------------------|-------------------------|---------------------------|----------------------------------|
|    | Shetland 6 \$30/Playe     |   | Mustang 10U \$60/Player                         | Bronco 12U<br>\$60/Player | Pony 14U<br>\$60/Player | Colt 16U/l<br>\$60/Player | Palomino 19U                     |
| 2. | Name of League            |   |   | Ye                        | ar                      | New                       | Renewal                          |
| 3. | League City/Town          |   |   | County _                  | A                       | State                     |                                  |
| 4. | Number of Teams in D      | DivisionTo                              | otal # of Players in Divisio                    | on                        | Late Fee                | Total Amt Do              | ue<br>is not submitted by 11:59p |
| 5. | List Insurance Compa      | ny(2) – General Liability               | Accident & Medical                              |                           |                         |                           |                                  |
| 6. | Number of Tams Ente       | ring into Tournament Pla                | ay  | Complete Tou              | rnament Application     | & Submit by Marc          | ch 15th.                         |
| 7. | List Names of Each Di     | vision Team. A separate                 | e team roster for each tea                      | am is required to         | be submitted. (Rost     | er form included)         |                                  |
|    | 1)                        |   |   | 6)                        | TE                      | 125                       |                                  |
|    | 2)                        |   |   | 7)                        |                         |                           |                                  |
|    | 3)                        |   |   | 8)                        |                         |                           |                                  |
|    | 4)                        |   |   | 9)                        |                         |                           |                                  |
|    | 5)                        |   |   | 10)                       | 7 /                     |                           |                                  |
| 8. |                           | t should be liste <mark>d as L</mark> o | SEBALL INC will be se<br>eague Contact or Secon | nd Contact.               |                         |                           |                                  |
| 1  |                           | Name – Position                         | Mailing   | Address                   | City                    | State                     | Zip                              |
|    |                           | Mobile Phone                            | Fax   |                           | Email                   |                           |                                  |
|    | SECOND CONTACT            | Name – Position                         | Mailing   | Address                   | City                    | State                     | Zip                              |
|    |                           | Mobile Phone                            | Fax   |                           | Email                   |                           |                                  |
|    |                           |   | THIS BOX FOR FI                                 | ELD STAFF USE OI          | NLY                     |                           |                                  |
|    | S                         | P M B P C                               | P   |                           | ON COMPUTE              | R DATE                    |                                  |



DUE DATE: March 15th 11:59pm HST

| 1. | This application is for w                    | hich division (Check O    | NE (1) Box Only)           |                           |                       |                      |                                   |
|----|--|---------------------------|----------------------------|---------------------------|-----------------------|----------------------|-----------------------------------|
|    | Shetland 6<br>\$30/Playe                     |                           | Mustang 10U<br>\$60/Player | Bronco 12U<br>\$60/Player | Pony 14<br>\$60/Playe |                      | l/Palomino 19U<br>er              |
| 2. | Name of League                               |                           |                            | Y                         | ear                   | New                  | Renewal                           |
| 3. | League City/Town                             |                           |                            | County _                  |                       | State                |                                   |
| 4. | Number of Teams in Di                        | visionT                   | otal # of Players in Div   | vision                    |                       |                      | Due<br>is not submitted by 11:59p |
| 5. | List Insurance Compan                        | y(2) – General Liability/ | Accident & Medical         |                           | 7                     | 4                    |                                   |
| 6. | Number of Tams Enteri                        | ng into Tournament Pla    | y Con                      | nplete Tournament         | Application & Sul     | omit by March 15th.  |                                   |
| 7. | List Names of Each Div                       | rision Team. A separate   | team roster for each       | team is required to       | be submitted. (Re     | oster form included) |                                   |
|    | 6)   |                           |                            | 6)                        | 1                     | 345                  |                                   |
|    | 7)   |                           |                            | 7)                        |                       |                      |                                   |
|    | 8)   |                           |                            | 8)                        |                       |                      |                                   |
|    | 9)   |                           |                            | 9)                        | V/                    |                      |                                   |
|    | 10)  |                           |                            | 10)                       | 17 /                  | A                    |                                   |
| 8. | All correspondence fr<br>The league Presiden | t should be listed as L   | eague Contact or Se        | cond Contact.             |                       |                      |                                   |
|    |  | Name – Position           | Mail                       | ing Address               | City                  | State                | Zip                               |
|    |  | Mobile Phone              | Fax                        |                           | Email                 |                      |                                   |
|    | SECOND CONTACT                               | Name – Position           | Moil                       | ing Addross               | City                  | Ctata                | 7in                               |
|    |  | Name – Position           | Maii                       | ing Address               | City                  | State                | Zip                               |
|    |  | Mobile Phone              | Fax                        |                           | Email                 |                      |                                   |
|    |  |                           | THIS BOX FO                | R FIELD STAFF USE C       | DNLY                  |                      |                                   |
|    | S  | P M B P C                 | Р                          |                           | [ ] ON COMPU          | TER DATE             |                                   |



DUE DATE: March 15th 11:59pm HST

| 1. | This application is for w | hich division (Check ON                        | IE (1) Box Only)           |                          |                           |                                  |                                    |
|----|---------------------------|--|----------------------------|--------------------------|---------------------------|----------------------------------|------------------------------------|
|    | Shetland 6                |  | Mustang 10U<br>\$60/Player | Bronco 12<br>\$60/Player | U Pony 14U<br>\$60/Player | Colt 16U/<br>\$60/Playe          | /Palomino 19U<br>r                 |
| 2. | Name of League            |  |                            |                          | Year                      | New                              | Renewal                            |
| 3. |                           |  |                            |                          |                           | State                            |                                    |
| 4. | Number of Teams in Di     |  | otal # of Players in Div   |                          | Late Fee                  |                                  | lue_<br>is not submitted by 11:59p |
| 5. | List Insurance Compan     | y(2) – General Liability/A                     | Accident & Medical         |                          | 7                         | 4                                |                                    |
| 6. | Number of Tams Enteri     | ng into Tournament Play                        | / Con                      | nplete Tournamen         | Application & Subm        | it by March 15th.                |                                    |
| 7. | List Names of Each Div    | rision Team. A separate                        | team roster for each       | team is required to      | be submitted. (Rost       | er form included)                |                                    |
|    | 11)                       |  |                            | 6)                       | 1                         | 345                              |                                    |
|    | 12)                       |  |                            | 7)                       |                           |                                  |                                    |
|    | 13)                       |  |                            | 8)                       |                           |                                  |                                    |
|    | 14)                       |  |                            | 9)                       | V/                        |                                  |                                    |
|    | 15)                       |  |                            |                          | 17/                       |                                  |                                    |
| 8. |                           | om HAWAII PONY BAS<br>t should be listed as Lo |                            |                          | n designated as Lea       | ague Co <mark>ntact bel</mark> d | ow.                                |
|    |                           | Name – Position                                | Mail                       | ling Address             | City                      | State                            | Zip                                |
|    | CECOND CONTACT            | Mobile Phone                                   | Fax                        |                          | Email                     |                                  |                                    |
|    | SECOND CONTACT            | Name – Position                                | Mail                       | ing Address              | City                      | State                            | Zip                                |
|    |                           | Mobile Phone                                   | Fax                        |                          | Email                     |                                  |                                    |
|    |                           |  | THIS BOX FO                | R FIELD STAFF USE        | ONLY                      |                                  |                                    |
|    | S                         | P M B P C                                      | Р                          |                          | [ ] ON COMPUTE            | R DATE                           |                                    |



DUE DATE: March 15th 11:59pm HST

| 1. | This application is for w | hich division (Check ON                         | NE (1) Box Only)           |                               |  |                                 |                                    |
|----|---------------------------|---|----------------------------|-------------------------------|--|---------------------------------|------------------------------------|
|    | Shetland 6                |   | Mustang 10U<br>\$60/Player | Bronco 12<br>\$60/Player      | U Pony 140<br>\$60/Player                          |                                 | /Palomino 19U<br>r                 |
| 2. | Name of League            |   |                            |                               | Year   | New                             | Renewal                            |
| 3. |                           |   |                            |                               |  | State                           |                                    |
| 4. | Number of Teams in Di     | visionTo  | otal # of Players in Div   | vision                        | Late Fee<br>Submit a \$10 Late<br>(HST) on Due Dat |                                 | Due_<br>is not submitted by 11:59p |
| 5. | List Insurance Compan     | y(2) – General Liability/A                      | Accident & Medical         |                               | 7  | Ca !                            |                                    |
| 6. | Number of Tams Enteri     | ing into Tournament Play                        | / Con                      | nplete Tournamer              | t Application & Subr                               | mit by March 15 <sup>th</sup> . |                                    |
| 7. | List Names of Each Div    | rision Team. A separate                         | team roster for each       | team is required to           | be submitted. (Ros                                 | ster form included)             |                                    |
|    | 16)                       |   |                            | 6)                            | 1  | 345                             |                                    |
|    | 17)                       |   |                            | 7)                            |  |                                 |                                    |
|    | 18)                       |   |                            | 8)                            |  |                                 |                                    |
|    | 19)                       |   |                            | 9)                            |  | A \                             |                                    |
|    | 20)                       |   |                            |                               | 17 /   |                                 |                                    |
| 8. |                           | rom HAWAII PONY BAS<br>t should be listed as Lo | eague Contact or Se        | econ <mark>d Cont</mark> act. |  |                                 | ow.                                |
|    |                           | Name – Position                                 | Mai                        | ling Address                  | City   | State                           | Zip                                |
|    | CECOND CONTACT            | Mobile Phone                                    | Fax                        |                               | Email  |                                 |                                    |
|    | SECOND CONTACT            | Name – Position                                 | Mail                       | ling Address                  | City   | State                           | Zip                                |
|    |                           | Mobile Phone                                    | Fax                        |                               | Email  |                                 |                                    |
|    |                           |   | THIS BOX FO                | OR FIELD STAFF USE            | ONLY   |                                 |                                    |
|    | S                         | P M B P C                                       | Р                          |                               | [ ] ON COMPUT                                      | ER DATE                         |                                    |



DUE DATE: March 15th 11:59pm HST

| 1. | This application is for w | hich division (Check ON                | E (1) Box Only)                                 |                           |   |                               |                                    |
|----|---------------------------|--|---|---------------------------|---|-------------------------------|------------------------------------|
|    | Shetland 6                |  | Mustang 10U \$60/Player                         | Bronco 12U<br>\$60/Player | Pony 14U<br>\$60/Player                         | Colt 16U<br>\$60/Playe        | /Palomino 19U<br>r                 |
| 2. | Name of League            |  |   | Ye                        | ear   | New                           | Renewal                            |
| 3. |                           |  |   | County                    |   | State                         |                                    |
| 4. | Number of Teams in Di     | visionTo                               | tal # of Players in Divisior                    |                           | Late Fee Submit a \$10 Late I (HST) on Due Date | Total Amt D                   | Due_<br>is not submitted by 11:59p |
| 5. | List Insurance Compan     | y(2) – General Liability/A             | ccident & Medical                               |                           | 7   | 6                             |                                    |
| 6. | Number of Tams Enteri     | ng into Tournament Play                | Complete  | e Tournament A            | Application & Submi                             | t by March 15 <sup>th</sup> . |                                    |
| 7. | List Names of Each Div    | rision Team. A separate t              | team roster for each team                       | is required to b          | oe submitted. (Roste                            | er form included)             |                                    |
|    | 21)                       |  |   | 6)                        | TE  | 345                           |                                    |
|    | 22)                       |  |   | 7)                        |   |                               |                                    |
|    | 23)                       |  |   | 8)                        | - 19 1  |                               |                                    |
|    | 24)                       |  |   | 9)                        |   |                               |                                    |
|    | 25)                       |  |   | 10)                       | 17 //   |                               |                                    |
| 8. |                           | t should be liste <mark>d as Le</mark> | SEBALL INC will be sent eague Contact or Second | d Contact.                |   |                               |                                    |
|    |                           | Name – Position                        | Mailing A                                       | Address                   | City  | State                         | Zip [V]                            |
|    |                           | Mobile Phone                           | Fax   |                           | Email   |                               |                                    |
|    | SECOND CONTACT            | Name – Position                        | Mailing A                                       | Address                   | City  | State                         | Zip                                |
|    |                           | Mobile Phone                           | Fax   |                           | Email   |                               |                                    |
|    |                           |  | THIS BOX FOR FIE                                | LD STAFF USE O            | NLY   |                               |                                    |
|    | S                         | P M B P C                              | Р   |                           | [ ] ON COMPUTE                                  | R DATE                        |                                    |



DUE DATE: March 15th 11:59pm HST

| 1. | This application is for w | hich division (Check ON                         | NE (1) Box Only)           |                               |  |                                 |                                    |
|----|---------------------------|---|----------------------------|-------------------------------|--|---------------------------------|------------------------------------|
|    | Shetland 6                |   | Mustang 10U<br>\$60/Player | Bronco 12<br>\$60/Player      | U Pony 14<br>\$60/Player                         |                                 | /Palomino 19U<br>r                 |
| 2. | Name of League            |   |                            |                               | Year   | New                             | Renewal                            |
| 3. | League City/Town          |   |                            | County                        |  | State                           |                                    |
| 4. | Number of Teams in Di     |   | otal # of Players in Di    |                               | Late Fee<br>Submit a \$10 Lat<br>(HST) on Due Da |                                 | Due_<br>is not submitted by 11:59p |
| 5. | List Insurance Compan     | y(2) – General Liability/A                      | Accident & Medical         |                               | 7  | 4                               |                                    |
| 6. | Number of Tams Enteri     | ing into Tournament Play                        | y Con                      | nplete Tournamer              | t Application & Sub                              | mit by March 15 <sup>th</sup> . |                                    |
| 7. | List Names of Each Div    | vision Team. A separate                         | team roster for each       | team is required to           | b be submitted. (Ro                              | ster form included)             |                                    |
|    | 26)                       |   |                            | 6)                            | 16   | 345                             |                                    |
|    | 27)                       |   |                            | 7)                            |  |                                 |                                    |
|    | 28)                       |   |                            | 8)                            |  |                                 |                                    |
|    | 29)                       |   |                            | 9)                            |  | A \                             |                                    |
|    | 30)                       |   |                            |                               | 17 /   |                                 |                                    |
| 8. |                           | rom HAWAII PONY BAS<br>t should be listed as Lo | eague Contact or Se        | econ <mark>d Cont</mark> act. |  |                                 |                                    |
|    |                           | Name – Position                                 | Mai                        | ling Address                  | City   | State                           | Zip                                |
|    | CECOND CONTACT            | Mobile Phone                                    | Fax                        |                               | Email  |                                 |                                    |
|    | SECOND CONTACT            | Name – Position                                 | Mail                       | ling Address                  | City   | State                           | Zip                                |
|    |                           | Mobile Phone                                    | Fax                        |                               | Email  |                                 |                                    |
|    |                           |   | THIS BOX FO                | OR FIELD STAFF USE            | ONLY   |                                 |                                    |
|    | S                         | P M B P C                                       | Р                          |                               | [ ] ON COMPU                                     | TER DATE                        |                                    |

# Step 3 League Team & Staff Rosters All Divisions

|           | or accuracy please |                     | Team Name:  |        |             |          |          |                  | ny Rasahall Mambarel    |             |
|-----------|--------------------|---------------------|-------------|--------|-------------|----------|----------|------------------|-------------------------|-------------|
| Last Name | First Name         | Residential Address | City        | Zip    | Ph Number   | DOB      | Age      | School Attending | Parent Last, First Name | Parent Emai |
|           |                    |                     |             |        | 8           |          | $\wedge$ |                  |                         |             |
|           | 19                 |                     |             | 1      |             |          |          |                  |                         |             |
|           |                    |                     |             |        |             |          | 1        |                  |                         |             |
|           |                    |                     |             |        |             |          |          |                  |                         |             |
|           |                    |                     |             |        |             |          |          |                  |                         |             |
|           |                    |                     |             |        |             |          |          | T                |                         |             |
|           |                    |                     |             |        |             | 1        |          |                  |                         |             |
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|           |                    |                     |             |        |             |          |          |                  |                         | 7 / /       |
|           |                    |                     |             |        |             |          |          |                  |                         |             |
|           |                    |                     |             |        |             | _        |          |                  |                         |             |
|           |                    |                     |             | 17     |             |          |          |                  |                         |             |
| 1/        |                    |                     | 14          | 1      |             |          |          | 4                |                         |             |
|           | /                  |                     |             | 7      |             |          |          |                  |                         |             |
|           |                    |                     | <b>T</b>    |        |             |          |          |                  | 1. /_                   |             |
| // 4      |                    | НАУ                 | VALI DONY B | RASERA | LL – TEAM S | TAFE DOS | TED      |                  |                         |             |
| Last Name | First Name         | Title               | VAIIT ON TE |        | Address     |          |          | act Ph Numbe     | r Ema                   | il Address  |
|           |                    |                     |             | 1      | / //        | \        | //       | 7/7/             | 1                       |             |
|           |                    |                     |             | 11     | 1 1         |          | 7        |                  |                         |             |
|           |                    |                     |             |        |             |          |          |                  |                         |             |
| 1         |                    |                     |             |        |             |          |          |                  |                         | TM          |
|           |                    |                     |             |        |             |          |          |                  |                         |             |

|        |     | or accuracy places | Tear                |                         |        | oach toam ro |     |          |                     |                         |              |
|--------|-----|--------------------|---------------------|-------------------------|--------|--------------|-----|----------|---------------------|-------------------------|--------------|
| Last N |     | First Name         | Residential Address | City                    |        | Ph Number    | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Email |
|        |     |                    |                     |                         |        |              |     | $\wedge$ |                     |                         |              |
|        |     | -                  |                     |                         |        |              |     |          |                     |                         |              |
|        |     |                    |                     |                         |        |              |     |          | 10 L                |                         |              |
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|        |     |                    |                     |                         |        |              |     | 1        |                     | 101                     |              |
|        |     |                    |                     |                         |        |              |     |          | 111                 |                         |              |
|        |     |                    |                     |                         |        |              |     |          |                     |                         |              |
|        |     |                    |                     |                         |        | 7            |     |          |                     |                         |              |
|        |     |                    |                     |                         |        |              |     |          |                     |                         |              |
|        |     |                    |                     |                         |        |              |     |          |                     |                         |              |
|        | 77  |                    |                     | VAII PO <mark>NY</mark> |        | ALL - TEAM S |     |          |                     | <u> </u>                |              |
| Last N | ame | First Name         | Title               | 7/                      | Mailin | g Address    | \   | sest Con | tact Ph Number      | Ema                     | il Address   |
|        |     |                    |                     |                         | 1      |              |     |          |                     |                         |              |
|        | /   |                    |                     |                         |        |              |     |          |                     |                         |              |
|        |     |                    |                     |                         |        |              |     |          | A                   |                         | TM           |
|        |     |                    |                     | -                       |        |              |     |          |                     | 14                      | 1 1 4 1      |

| gue Name: Instructions: For accuracy, please type information. I |            |                     | n Name:                 |        |              |           |          |                     | v Rasehall Membersh     |             |
|--|------------|---------------------|-------------------------|--------|--------------|-----------|----------|---------------------|-------------------------|-------------|
| Last Name  | First Name | Residential Address | City                    | Zip    | Ph Number    | DOB       | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
|  |            |                     |                         |        |              |           | $\wedge$ |                     |                         |             |
|  | 1          |                     |                         |        |              |           |          |                     |                         |             |
|  |            |                     |                         |        |              |           |          | 5                   |                         |             |
|  |            | // /                |                         |        |              |           |          | 1                   |                         |             |
|  |            |                     |                         |        |              |           | 40       | 0                   |                         |             |
|  |            |                     |                         |        |              | 1         |          |                     | 2                       |             |
| -  |            | 1                   |                         |        |              |           |          |                     |                         |             |
|  |            | 9/                  | 1                       |        |              | 1         |          |                     |                         |             |
|  |            | 1//                 |                         |        |              |           |          |                     |                         | 7 17 11     |
|  |            |                     |                         |        |              |           | 1        |                     |                         | 11/1        |
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|  |            |                     |                         | 7      |              |           |          |                     | 135                     |             |
| 47   |            | HAV                 | VAII P <mark>ONY</mark> | BASEB  | ALL - TEAM S | STAFF ROS | TER      |                     |                         |             |
| Last Name  | First Name | Title               |                         | Mailin | g Address    | E         | Best Con | tact Ph Number      | Emai                    | l Address   |
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|           | or accuracy please | Tean                |                         |        | each team re |           |          |                     | v Rasehall Membersh     |             |
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| Last Name | First Name         | Residential Address | City                    | Zip    | Ph Number    | DOB       | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 47        |                    | HAV                 | VAII P <mark>ONY</mark> | BASEB  | ALL - TEAM S | STAFF ROS | TER      |                     |                         |             |
| Last Name | First Name         | Title               |                         | Mailin | g Address    | E         | Best Con | tact Ph Number      | Emai                    | l Address   |
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|    | Last Name | First Name | ype information. Use s<br>Residential Address | eparate sr<br>City      |        | Ph Number    | DOB       | Age      | Vith Hawaii Pon<br>School<br>Attending | y Baseball Membersr<br>Parent<br>Last, First Name | Parent Email |
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| 13 |           |            |   |                         |        | <b>V</b>     |           |          |  |   |              |
| 14 |           | 1          |   |                         |        |              |           |          |  |   |              |
| 15 |           |            |   |                         |        |              |           |          |  |   |              |
|    | 47        |            | HAV   | VAII P <mark>ONY</mark> | BASEBA | ALL - TEAM S | STAFF ROS | TER      |  |   |              |
|    | Last Name | First Name | Title   |                         | Mailin | g Address    | E         | Best Con | tact Ph Number                         | Ema   | il Address   |
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|           | or accuracy please | Tean                |                         |        | each team re |          |          |                     | v Raseball Membersh     |             |
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| Last Name | First Name         | Residential Address | City                    | Zip    | Ph Number    | DOB      | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 47        |                    | HAV                 | VAII P <mark>ONY</mark> | BASEBA | ALL - TEAM S | TAFF ROS | TER      |                     | 1                       |             |
| Last Name | First Name         | Title               |                         | Mailin | g Address    | E        | Best Con | tact Ph Number      | Ema                     | il Address  |
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|           | or accuracy please | Tean                |                         |        | each team re |          |          |                     | v Rasehall Membersh     |             |
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| Last Name | First Name         | Residential Address | City                    | Zip    | Ph Number    | DOB      | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 47        |                    | HAV                 | VAII P <mark>ONY</mark> | BASEBA | ALL - TEAM S | TAFF ROS | TER      |                     | 1                       |             |
| Last Name | First Name         | Title               |                         | Mailin | g Address    | E        | Best Con | tact Ph Number      | Ema                     | il Address  |
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|           | For accuracy inlease | Tean                |                           |        | each team red |     |          |                     | ny Rasahali Mamharsh    |             |
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| Last Name | First Name           | Residential Address | City                      | Zip    | Ph Number     | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 477       |                      | HAV                 | VAII PO <mark>NY I</mark> | BASEBA | ALL – TEAM S  |     |          |                     |                         |             |
| Last Name | First Name           | Title               |                           | Mailin | g Address     | E   | Best Con | tact Ph Number      | Emai                    | l Address   |
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|           | or accuracy please | Tean                |                         |        | each team re |          |          |                     | v Rasehall Membersh     |             |
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| Last Name | First Name         | Residential Address | City                    | Zip    | Ph Number    | DOB      | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 47        |                    | HAV                 | VAII P <mark>ONY</mark> | BASEBA | ALL - TEAM S | TAFF ROS | TER      |                     | 1                       |             |
| Last Name | First Name         | Title               |                         | Mailin | g Address    | E        | Best Con | tact Ph Number      | Ema                     | il Address  |
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|           | For accuracy inlease | Tean                |                           |        | each team red |     |          |                     | ny Rasahali Mamharsh    |             |
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| Last Name | First Name           | Residential Address | City                      | Zip    | Ph Number     | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 477       |                      | HAV                 | VAII PO <mark>NY I</mark> | BASEBA | ALL – TEAM S  |     |          |                     |                         |             |
| Last Name | First Name           | Title               |                           | Mailin | g Address     | E   | Best Con | tact Ph Number      | Emai                    | l Address   |
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|           | or accuracy please | Tean type information. Use s |                           |         | each team red |        |          |                     |                         |             |
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| Last Name | First Name         | Residential Address          | City                      | Zip     | Ph Number     | DOB    | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 14.79     |                    |                              | VAII PO <mark>NY B</mark> |         | LL – TEAM S   |        |          |                     |                         |             |
| Last Name | First Name         | Title                        |                           | Mailing | Address       | :      | Best Con | tact Ph Number      | Ema                     | il Address  |
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|           | or accuracy please | Tean                |                         |        | each team re |           |          |                     | v Rasehall Membersh     |             |
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| Last Name | First Name         | Residential Address | City                    | Zip    | Ph Number    | DOB       | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 47        |                    | HAV                 | VAII P <mark>ONY</mark> | BASEB  | ALL - TEAM S | STAFF ROS | TER      |                     |                         |             |
| Last Name | First Name         | Title               |                         | Mailin | g Address    | E         | Best Con | tact Ph Number      | Emai                    | l Address   |
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|        |     | or accuracy places | Tear                |                         |        | oach toam ro |     |          |                     |                         |              |
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| Last N |     | First Name         | Residential Address | City                    |        | Ph Number    | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Email |
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|        | 77  |                    |                     | VAII PO <mark>NY</mark> |        | ALL - TEAM S |     |          |                     | <u> </u>                |              |
| Last N | ame | First Name         | Title               | 7/                      | Mailin | g Address    | \   | sest Con | tact Ph Number      | Ema                     | il Address   |
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|           | or accuracy please | Tean type information. Use s |                           |         | each team red |        |          |                     |                         |             |
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| Last Name | First Name         | Residential Address          | City                      | Zip     | Ph Number     | DOB    | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 14.79     |                    |                              | VAII PO <mark>NY B</mark> |         | LL – TEAM S   |        |          |                     |                         |             |
| Last Name | First Name         | Title                        |                           | Mailing | Address       | :      | Best Con | tact Ph Number      | Ema                     | il Address  |
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| Last Name | First Name           | Residential Address | City                      | Zip    | Ph Number     | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
|           |                      |                     |                           |        |               |     | $\wedge$ |                     |                         |             |
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| 477       |                      | HAV                 | VAII PO <mark>NY I</mark> | BASEBA | ALL – TEAM S  |     |          |                     |                         |             |
| Last Name | First Name           | Title               |                           | Mailin | g Address     | E   | Best Con | tact Ph Number      | Emai                    | l Address   |
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|           | ue Name: Instructions: For accuracy, please ty |                     |                           |          | each team red |        |          |                     |                         | Year:       |  |  |
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| Last Name | First Name                                     | Residential Address | City                      | Zip      | Ph Number     | DOB    | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |  |  |
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| 47        |  |                     | VAII PO <mark>NY B</mark> |          | LL - TEAM S   |        |          |                     | \                       |             |  |  |
| Last Name | First Name                                     | Title               |                           | Mailing  | Address       | E      | Best Con | tact Ph Number      | Ema                     | il Address  |  |  |
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| Last Name | First Name           | Residential Address | City                    |        | Ph Number    | DOB      | Age      | School<br>Attending | Parent Last, First Name | Parent Email                       |  |  |
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| Last Name | First Name           | Title               | /                       | Mailin | g Address    | \        | sest Con | tact Ph Number      | Ema                     | il Address                         |  |  |
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| Last Name | First Name          | Residential Address | City                    | Zip    | Ph Number    | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Emai                            |  |  |
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| 477       |                     | HAV                 | VAII P <mark>ONY</mark> | BASEBA | ALL - TEAM S |     |          |                     |                         |  |  |  |
| Last Name | First Name          | Title               |                         | Mailin | g Address    | E   | Best Con | tact Ph Number      | Emai                    | l Address                              |  |  |
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|           | ue Name: Instructions: For accuracy, please t |                     |             |  | each team re |           |          |                     |                         |             |
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| Last Name | First Name                                    | Residential Address | City        | Zip  | Ph Number    | DOB       | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 1477      |   | HAV                 | VAII PONY E | BASEBA   | ALL - TEAM S | STAFF ROS | TER      |                     | 1                       |             |
| Last Name | First Name                                    | Title               |             | Mailing  | g Address    | E         | Best Con | tact Ph Number      | Ema                     | il Address  |
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|           | ue Name: Instructions: For accuracy, please ty |                     |                         |        | each team re |     |          |                     | v Rasehall Membersh     |             |
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| Last Name | First Name                                     | Residential Address | City                    | Zip    | Ph Number    | DOB | Age      | School<br>Attending | Parent Last, First Name | Parent Emai |
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| 47        |  | HAV                 | VAII P <mark>ONY</mark> | BASEB  | ALL - TEAM S |     |          |                     |                         |             |
| Last Name | First Name                                     | Title               | mmo f                   | Mailin | g Address    | E   | Best Con | tact Ph Number      | Emai                    | l Address   |
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