

2022

Every CHILD

DESERVES A

CHÄNC€ TO PLAY

BASEBALL

Interested in Voluntee Interested in Sponsors	hip		Donatio	FORM on Appreciate and "SPRING 1	
APRIL 9, 10:30					
	Game Da	tes: April 16,	23, 30, May	y 7, 14, 21, 2	8, June 4
Player's Name			Home Phone		
Street Addres	S		Civ	Σ	Zip Code
MIF Birthday	Age	School	The second secon		
Special		Needs		Req	uirements
Wheelchair	Walker	other			
Players Shirt Size y XXL (please circle one)	outh S M <u>L XL</u>		-	Adult: S	M L_XL
Favorite Major Lea	gue Team: .			Favorite	e Player
(Ci	rcle One)Ba	ts' L or R	Throws	s' L or R	

I/we give authorization for my child to participate in The Healdsburg Monder League. and do hereby release of any The Rotary Club of Healdsburg Sunrise, officers, Rotary Club members and participating volunteers for injury that may occur while participating or as a spectator during any activities associated with this program. I authorize the use of any photographs of my child taken during Wonder League activities in the promotion of The Healdsburg Wonder League program- Parent and/or Guardian must be present at all Wonder League games and/or events.

Print Name Parent/Guardian

Email:

Phone#

Email: HBWonderLeague@gmail.com

Website: www.wonderleague.org

Phone (707) 433-5506

Return TO: Rotary Club Healdsburg Sunrise

P.O. BOX 302

HEALDSBURG CA. 95448