

# AZ PLAYBALL TEAM REGISTRATION & PRACTICE REQUEST

## Section 1: Team Information

Year: \_\_\_\_\_ Season: \_\_\_\_\_ Team Name: \_\_\_\_\_

Division: \_\_\_\_\_ Prior League Experience: \_\_\_\_\_  
(League most players played in or High School most players attend)

Team competitive level: Maj AAA AA A  
(Please circle one)

Season length: Full Short (circle one)  
Number of Games: 12 14 16 (see azplayball.com for details)

## Section 2: Manager and Coach Information

(Returning teams, complete only if information has changed)

Manager: _____	Head Coach : _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email: _____
Cell Phone: _____	Coach 2: _____
Home Address: _____	Cell Phone: _____
_____	
Email: _____	

## Section 3: Practice Requests (League dues and COVID forms must be in before Practice assigned)

\*\*\*Practices slots on Weekdays are typically a 4-6, 6-8, 8-10 (subject to demand and availability)

\*\*\*Practice slots on Weekends are typically at 9am, 11am, 1pm, 3pm, 5pm, 7pm

Weekday Practice Preferences: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

(include time slot preference) \_\_\_\_\_

Pre-season Weekend Practices: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

(include time slot preference) \_\_\_\_\_

Special instructions, family locations \_\_\_\_\_

## PAYMENT OPTIONS

Email \$500 deposit via PAYPAL to  
[amy@azplayball.com](mailto:amy@azplayball.com) use FRIENDS AND  
FAMILY OPTION.

Mail in options, email this form to  
amy@azplayball and mail \$500  
check to :  
AZPlayball PONY Baseball  
13835 N Tatum Blvd Ste 9-449  
Phoenix, AZ 85032