



**Thornydale Little League**  
Player Application for 2019 All-Stars

**EMAIL THIS FORM TO MATT GILBERTSON FOR BASEBALL OR SUZIE GARCIA FOR SOFTBALL NO LATER THAN MAY 10<sup>th</sup>.**

[MattGilbertson88@yahoo.com](mailto:MattGilbertson88@yahoo.com)

[Suzie\\_tllsoftball@yahoo.com](mailto:Suzie_tllsoftball@yahoo.com)

PLAYER NAME: \_\_\_\_\_ (Please Print)

\_\_\_\_\_ Does want to participate in the 2019 All-Star selection process.

If participating, please check the age level you are interested in:

_____ 8-10 Baseball	_____ 8-10 Softball
_____ 9-11 Baseball	_____ 9-11 Softball
_____ Majors Baseball	_____ Majors Softball
_____ 50/70 Baseball	_____ Juniors Softball
_____ Juniors Baseball	

Please indicate any possible conflicting dates for travel or other obligations:

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I have read the information pertaining to Thornydale Little League All Star teams and understand the commitment required to play.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The executive Board of Directors of Thornydale Little League reserves the sole right to determine eligibility.

Contact Info: P \_\_\_\_\_ E \_\_\_\_\_

**LEAGUE USE ONLY:**

Date received \_\_\_\_\_ Games Played \_\_\_\_\_

Player Verification Docs Yes \_\_\_\_\_ No \_\_\_\_\_