



Indiana Central Little League

Fall Ball Registration



Parent Information

Primary Contact Name:

Address:

Zip Code:

Phone:

Email Address:

Relationship to Player:

Secondary Contact Name:

Phone:

Email Address:

Relationship to Player:

Player Information

Player 1

Name:

Date of Birth:

Shirt Size:

Player 2

Name:

Date of Birth:

Shirt Size:

Player 3

Name:

Date of Birth:

Shirt Size:

Player 4

Name:

Date of Birth:

Shirt Size:

Please save and send to us at indianacentrallittleleague@gmail.com

Indiana Central Little League

4410 S Keystone Ave

PO Box 17757

Indianapolis, IN 46217

Email – indianacentrallittleleague@gmail.com

Website – www.icll.info

