



LELL All-Star Application



★ **REGISTRATION IS REQUIRED** ★

PLEASE PRINT AS CLEARLY AS POSSIBLE



**Application must be submitted on or before
MAY 18th to the Matich Snack Bar**

Player Name: _____

Players Birth Date: _____

Players League Age: _____
(Subject to verification)

Address: _____

Phone Number: _____

Email Address: _____

Jersey Size: _____

Preferred Jersey Number and an alternative number : _____ Or _____

(This is a request and not a guarantee your player will receive either numbers.)

I Certify that my player will be available between the dates of **June 1st** till end of **July 31st** for all team functions (Practices & Games) and **WILL NOT BE** on vacation or otherwise unavailable during those dates.

PARENT'S SIGNATURE

PARENT'S NAME (Print)

DATE

Please Note – There are no fees to participate, but LELL will be implementing a fundraiser for the sole purpose of raising funds for the players All-Star Uniforms. Thank You for your cooperation.

For any additional questions please contact Lake Elsinore Little League at : AllStars@LakeElsinoreLittleLeague.com