



FALL WIFFLE BALL CLASSIC

REGISTRATION FORM

(Email All Information To claremontwiffleball@gmail.com)

Or Find Us On Facebook Claremont Wiffle Ball)

Team Name: _____

Team Captain: _____

(Player 1)

First Name

Last Name

Age

Phone Number

Email

Player 2: _____

First Name

Last Name

Age

Player 3: _____

First Name

Last Name

Age

Player 4: _____

First Name

Last Name

Age

Player 5: _____

First Name

Last Name

Age