



North Little Rock Police Athletic League

2009 T-Ball, Baseball & Softball Registration

Child's Name: _____

Address: _____

Home Phone: _____ Date of Birth: _____

Age: _____ Grade: _____ School _____

Shirt Size: YS YM YL Adult S Adult M Adult L Other _____
Male or Female

Guardian's Name: _____

Guardian's Business Phone: _____

Email Address: _____

EMERGENCY PHONE (Cell): _____

Are you or do you know of someone interested in coaching T-Ball, Baseball
or Softball? Yes or No

If yes please provide the following information

Name: _____

Contact Number: _____