Katy American Little League Registration Form		Spring 2024
Date:		KALL ONLY
Date.	)	League Age:
Player Name:		Division:
riayei waine.	3)/	
Date of Birth:		Extra Items:
		KALL T-shirt \$15
Street Address:  City: State ZIP:		Qty: Size:
City: State ZIP:		Qty. C.LC.
Neighborhood:		
School:		
Grade:		Snowcone Cup \$18
		Qty:
Parent Information:		
Name:		
Phone:		Registration \$
Email:		Extra Items :
Parent Information:		Total Due
Name:		
Phone:		
Email:		
Jersey Size: (must circle one)		
YXS, YS, YM, YL, YXL, AS, AM, AL, AXL, 2XL, 3XL		
- 151 V5C/NO		
Do you want to be a Pool Player: YES/NO	whon a toam is she	ort due to illness
(KALL allows the use of "pool players" to fill rosters	Wileir a team is sin	nt due to infiess,
injury, or other reasons)		
*Do you want to Head Coach: YES/NO		
*Do you want to Assistant Coach: YES/NO		
*Do you want to be a Team Mom: YES/NO		
(if yes to any above): FULL NAME:	DOB	DL#
(ii yes to any abore).		
Special Requests:		
(requests are granted in order of receipt, priority, and if spots are available requested team)		
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Refund Policy Refunds are not guaranteed, and will be determined on case by case scenario		