Katy American Little League Registration Form		Fall 2022
Date:		KALL ONLY
		League Age:
Player Name:		Division:
riayei Name.		J.11010111
Date of Birth:		
		Extra Items:
Street Address:		KALL T-shirt \$15
City: State ZIP	•	Qty: Size:
Neighborhood:		
School:		•
Grade:		Snowcone Cup \$18
Grade:		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		
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Do you want to be a Pool Player: YES/NO		
(KALL allows the use of "pool players" to fill rosters	when a team is sh	ort due to illness,
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#
Special Requests:		
(requests are granted in order of receipt, priority, and if spots are available requested team)		
Refund Policy Refunds are not guaranteed, and will be determined on case by case scenario		