

NYO CHRISTOPHER LEAGUE
PLAYER RESPONSE SHEET

We plan to play baseball at NYO in the Spring of 2010:

Player's Name: _____

Date of Birth: _____

Parents' Name: _____

Home Address: _____

Telephone Number – Home: _____

Telephone Number – Office: _____

Email address: _____

Player's shirt size: Youth: Small Med Large
 Adult: Small Med Large XL

Hat size: Youth Adult

**Complete and return to: Leo Rose, Schreeder, Wheeler & Flint, LLP, 1100
Peachtree St., Suite 800, Atlanta, GA 30309
Tel: 404/954/9823; Fax: 404/681-1046; lrose@swflfp.com**