

PLAYER / PARENT CONTACT FORM 2019-2020

Please complete this form and provide it to a Booster Club personnel so that we can contact you on program activities.

Player Name: _____ Birthdate: _____

Player Phone Number: _____ Grade Level: FR / SO / JR / SR

Player Email Address: _____

Medical Conditions: _____

Allergies (food or other): _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Email: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian 2 Name: _____ Relationship: _____

Parent/Guardian 2 Email: _____

Parent/Guardian 2 Cell Phone: _____

Would you like to receive text message when applicable? Y/N

I am interested in joining / learning more about the following volunteer opportunities or committees:

- Fundraising Events Concessions Communications
 Field Maintenance Capital Projects Spirit Community Service

Please make sure to provide the email that you check most often as we will be sharing and providing information mainly through this means of communication.



**BOOKER T. WASHINGTON HIGH
BASEBALL**

P.O. Box 10170
Pensacola, FL 32524
www.btwbaseball.com
Head Coach: Jason Lavaway