



WISCONSIN STATE YOUTH  
BASEBALL LEAGUE

# Team Registration Form

**Registration form due no later then Dec. 1st**

Please **PRINT NEATLY**; the team contact list will be created from this form:

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Head Coaches Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Preferred** Email Address (only one): \_\_\_\_\_

If Part of a larger Organization

Presidents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Presidents Email: \_\_\_\_\_

For WSYBL Use Only:

Organization Paid with 1 check    Yes     No

Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Submit Registration form and checks:**

Ken Bigler  
5339 W Westfield Rd  
Mequon, WI 53092-4541

Registration Form must be accompanied by a **\$160** check for League fee and a **\$120** forfeit fee check. Checks should be made out to the "WSYBL".

**NEW TEAMS MUST COMPLETE PAGE 2**

***This page is to be filled out by NEW teams to the WSYBL only.  
This includes ALL U9 teams***

This Application is due no later than **December 1<sup>st</sup>**. The WSYBL Board of Directors will review this application and vote on acceptance before the league meeting in January and you will be notified of the results

**Did this team play in a league last year?\_\_\_\_\_ If So, which one?\_\_\_\_\_**

**What place did you take?\_\_\_\_\_ What was your record? \_\_\_\_\_**

**Did your team play any WSYBL teams last year?**

**If so who, when and what were the scores?**

**Have you read and agree to the WSYBL rules? \_\_\_\_\_**

**Do you have a home field? \_\_\_\_\_**

**Do ALL of your players meet league eligibility rules? \_\_\_\_\_**

**Which School District? \_\_\_\_\_**

**Additional Comments?**