## MAROONS BASEBALL CLUB

## PLAYER CONTACT FORM (DIVISIONS 15U+)

Player Name:		Age:
Date:	Team Level (MBC Director Use ONLY):	
Birth Date:	_ School Attending & Grade:	
Player Phone Numbe	or:	
Player Email (Print): _		
	ion is <u>optional</u> . Your information w includes video posts made by MB <sup>o</sup> recruiting purposes.	, , , , , , , , , , , , , , , , , , , ,
Player Instagram (Pri	nt):	
Player Twitter (Print):		
Player Facebook (Prin	nt):	
allowed to use my soci	Print Player Name) certify that the Nial media information for the purpois valid for the next season.	
Player Name (Print): _		
Player Signature:		Date:

\*If any information given on this form changes please reach out to a staff member in order to update it\*

Maroons Baseball Club maroonsbaseballclub@gmail.com Maroons Baseball Club

P.O. Box #275 Zion, IL 60099

