2010 Toluca Baseball Cooperstown Dreams Park Tournament Team
Player Application and Deposit Receipt

Titan or Thunder (Circle One)

Player Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Mailing Address: _____

Year first played at Toluca Baseball: _____

Spring Seasons Played (list all by year): _____ Fall Seasons Played: _____

I acknowledge that this application is not a guarantee for a spot on either the Titan or Thunder Teams and that once placed on a team all deposits are non-refundable. I represent that all information on this application is true and correct and understand that inaccurate information may lead to the rejection of this application. By signing below you agree to hold Toluca Baseball, Inc. harmless with regard to all matters relating to the Cooperstown tournament.

_____

Parent/Guardian Parent/Guardian Date

_____

Below This Line For League Use Only

_____ _____

Received by Cooperstown Commissioner Date

Deposit Record			
Date Received	Check Number	Amount	Total