

HAMPTONS ADULT HARDBALL

2021 FREE AGENT REGISTRATION

NAME: _____

DOB: _____

ADDRESS: _____

CELL: _____ HOME: _____

EMAIL ADDRESS: _____

POSITIONS PLAYED: _____

EXPERIENCE (CHECK ALL THAT APPLY)

HIGH SCHOOL _____ COLLEGE _____ PROFESSIONAL _____ NONE _____

INTEREST IN MANAGING _____

HAMPTONS ADULT HARDBALL

C/O PETER BARYLSKI

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