

Idaho Dist. II Little League
C/O Tammy Cluff A.D.A.
2904 S Givens Way
Meridian, ID 83642
IDChallenger@aol.com
208 362-3072

Date of birth _____ Age as of **April 30, 2024** _____ Male _____ Female _____

Player's Name _____

Home Address _____

Best Contact Phone # _____

**** MUST HAVE** E-Mail Address** _____

Father's Name _____

Mother's Name _____

<OR>

Caregiver _____ Phone # _____

Please list any special needs: _____

Special Requests _____

Shirt Size (Please allow for shrinkage)

YOUTH: () X-SM _____ SM _____ MED _____ LG _____ XL _____

ADULT: () Small _____ Medium _____ Large _____ XL _____

(only adults) *2XL _____ *3XL _____ 4XL _____ 5XL _____

Please give your support: Your X insures the success of this program.

Coaching Staff (3-4 per team) _____ Team Parent _____ Picnic Help _____

Team Sponsor _____ Pre-Season Help _____ Will Help Where ever _____

Volunteer #1 Name _____ Phone # _____

E-Mail Address _____

Volunteer #2 _____ Phone# _____

E-Mail Address _____

Coach's shirt size (s) _____

Signature of Parent/Guardian: _____ Date _____

\$40.00 Registration Fee (Please make checks out to Challenger Little League