



Jay Community Center

2018 Boomer Coach's Pitch/T-Ball

(Boys & Girls Ages 3, 4, 5 & 6)



WHAT:

Boomer Summer T-Ball outdoor program for boys & girls Ages 3-6 by June 1, 2018
(3&4 year olds 5&6 year olds if numbers work)

WHEN:

Games will played on Saturday early afternoons and make ups Sunday afternoons
6/2, 6/9, 6/16, 6/23, 7/7
Tournament 7/14 & 7/15

WHERE:

Games will be played at the Sportland Fields

Cost: \$50.00

On or Before **Monday, May 14, 2018**
Non-Refundable Fee
*****Cost includes Boomer T-Ball Shirt & Hat*****

Fundraiser/Scholarship Program:

Ask JCC Staff what the current fundraiser is. Sell enough items and play for free! Financial assistance is available upon request

Picture Day:

Pictures will be taken during the 2nd game prior to the scheduled starting time
TIMES TO BE ANNOUNCED!

Draft Day - 5/16/18 (coaches ONLY)

At JCC

Times TBA

Moose Banquet

7/12/18 at 6:00

Sign Up For Text Updates

Text 9kdg4 to 81010
for Boomer Tball Text Alerts

(Please cut along this line and return the lower portion to the Jay Community Center)

2018 Boomer Coach's Pitch / T-Ball Registration Form



Name: _____ M/F _____ DOB _____ Age _____
(Date of Birth)

Address: _____ City: _____ Zip: _____

Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Parent/Guardian: _____ Phone: _____ Email: _____
Required Required

Other Emergency Contact: _____ Phone: _____
Required

PARTICIPANT RELEASE: I hereby grant permission for my child to participate in the Jay Community Center 2018 Boomer Summer T-Ball Program. Further, I agree to hold harmless & release the center, directors, officials, & coaches from any & all liability related to this program. JCC reserves the right to use photographs for any promotional material.

Parent/Guardian Signature: _____ Date: _____

Would you or a family member or a friend like to consider coaching? YES or NO

If Yes, what is the name (and best way to contact) of Prospective Coach (Name): _____

Home Phone: _____ Cell Phone: _____ Email: _____
Required Required

Shirt size for coach (please circle one): AS AM AL AXL AXXL AXXXL AXXXXL

Office Use Only:

Fee Paid (Y/N) _____ Amount Paid _____ Date _____ Charge, Check, or Cash _____ Employee _____ Receipt # _____

Registration \$ _____ Cookie \$ _____ Credit \$ _____ Balance Owed \$ _____

115 E Water St, Portland, IN 47371 | p: (260) 726-6477 | f: (260) 726-6409 | info@jaycc.org