

Long Island Braves Baseball
329 Euclid Avenue
Massapequa Park, New York 11762

PLAYER PROFILE INFORMATION
(Please Print Clearly and fill in ALL spaces)

*First Name: _____

Phone Number: (____)____ - _____

*Last Name: _____

Cell Number: (____)____ - _____

*Birth Date (Month/Day/Year) ____ / ____ / ____

Email Address: _____

*Primary Position: _____

School Attending: _____

School Coach: _____

High School Graduation Year: _____

*Bat: R L B

*Throws: R L

*Height: _____

*Weight: _____

For internal team use only.

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip _____