

# Alberta Babe Ruth/ CalRipken

Email: [admin@albertacalripken.ca](mailto:admin@albertacalripken.ca)

## REGISTRATION FORM

**PLAYERS NAME:**

---

**PLAYERS BIRTHDATE (M/D/Y):**

---

**PLAYERS AGE:**

---

**PARENT NAME:**

---

**CELL NUMBER:**

---

**EMAIL:**

---



# Alberta Babe Ruth/ CalRipken

Alberta Babe Ruth Association

Email: [admin@albertacalripken.ca](mailto:admin@albertacalripken.ca)

[www.albertababeruth.ca](http://www.albertababeruth.ca)

## CREDIT CARD AUTHORIZATION FORM

Credit Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date and CVV#: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Player Name \_\_\_\_\_