

# West Coast Wood Bat League

## Team Registration Form

Team Name: \_\_\_\_\_

Team Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Visa #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CCV# on back \_\_\_\_\_ Credit Card Zip Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

**\$160 per team**

**Fax Credit Card Form to 863-401-9844 or email – [chuck.grsd@yahoo.com](mailto:chuck.grsd@yahoo.com)**

**Check Payable to: IBC Baseball**

**Mail to: IBC Baseball  
P O Box 1052 – Eagle Lake, FL 33839**