



2024 WBS Colts Registration Form

CHOOSE TOUR

June 16- July 15, Ages 15-19, West Coast (____) July 30-August 17, Ages 13-18 Cross Country (____)

Name: _____ Parent Email: _____

Address: _____ City: _____

Zip Code: _____ State: _____ Emergency Phone: _____

High School: _____ Graduation Year: _____

Date of Birth: _____ Position(s): _____

Parents Names: _____

Hat Size (XS-S, S-M, L-XL): _____ Shirt Size: _____

Preferred Jersey Number (List 6 numbers in order of preference): _____

Bats:(L/R/S): _____ Throws:(L/R): _____

Height (Inches): _____ Weight (Pounds): _____

Allergies/Medications/Existing Conditions: _____

Colleges/Universities interested in: _____

College/University committed to: _____

Cross Country Registration ONLY:

Family Member Names (Those who are attending for entire tour)

1) _____ Hat Size (XS-S, S-M, L-XL): _____ Shirt Size: _____

2) _____ Hat Size (XS-S, S-M, L-XL): _____ Shirt Size: _____

3) _____ Hat Size (XS-S, S-M, L-XL): _____ Shirt Size: _____

4) _____ Hat Size (XS-S, S-M, L-XL): _____ Shirt Size: _____

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