Due No Later Than March 15th

Hawaii Pony Baseball

ANNUAL LEAGUE & MEMBERSHIP REGSTRATION

League Name: _____

Submission Date: _____

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Complete Blank FILLABLE Team Roster of all league teams (Forms available in Excel. Email Gwen Earll for workbook at g.earll@pony.org)	16-34

HAWAII PONY BASEBALL ANNUAL LEAGUE REGISTRATION

DUE DATE: March 15th 11:59pm HST

LEAGUE REGISTRATION INVOICE

Invoice totals are auto calculated based on input

Date:	Year:
Description:	
Annual Membership Application(s)	Am <mark>ount D</mark> ue:
Shetland Division	
Pinto Division	
Mustang Division	
Bronco Division	TM
Pony Division	1101
Colt/Palomino	
Total Amount Due	9:
Payment Ck #	t:





LEAGUE OFFICERS ROSTER West Zone – Hawai'i Region

League Name:				Date:		
				-		
President	Name	Mailin	g Address	Best Contact Ph #	Email	
Vice President						
0	Name	Mailin	g Address	Best Contact Ph #	Email	
Secretary	Name	Mailin	g Address	Best Contact Ph #	Email	
Treasure	Name	Mailin	ng Address	Best Contact Ph #	Email	
Player Agent	Name	Maiin	g Address	Best Contact PII #	Elliali	V //
r layer Agent	Name	Mailin	g Address	Best Contact Ph #	Email	
Director	Name & Title (i.e. Pinto Dire	ctor. etc)	Mailing Addres	s Best Co	ntact Ph #	Email
Director		,,				
	Name & Title (i.e. Pinto Dire	ector, etc)	Mailing Addres	es Best Co	ntact Ph #	Email
Director	Name & Title (i.e. Pinto Dire	ector, etc)	Mailing Addres	s Best Co	ntact Ph #	Email
<mark>League</mark> Mailing	Address (<mark>where ma</mark>	ail should b	oe se <mark>nt)</mark>			
						TN
Name						
Mailing Address						
City	State	Zip				
Email						

Step 2 Annual Membership Registration All Divisions

HAWAII PONY BASEBALL ANNUAL MEMBERSHIP REGISTRATION

DUE DATE: March 15th 11:59pm HST

Contained in this packet are all documents required for Hawaii Pony Baseball Annual Membership Registration. Please submit ENTIRE packet for all age division(s) registering. Be sure to complete ALL documents within packet. Incomplete packets may result in additional late fees and/or failure to participate in PONY sanctioned tournament play.

Registration Instructions:

- 1. All forms are fillable and certain fields are required. DO NOT SEND IN HANDWRITTED FORMS
- 2. Once ALL forms are completed and checked for accuracy
 - A. Save ENTIRE Packet as follows: Year_Name of League_Division

Sample: 2015_HawaiiPonyBaseball_Pinto

- B. Email ENTIRE Packet as an attachment to Gwen Earll at g.earll@pony.org
- 3. Make check payable & mail to: ***Please be sure to note League Name on check***

Hawaii Pony Baseball

PO Box 1234 Waianae, HI 96792

TM



DUE DATE: March 15th 11:59pm HST

1.	This application is for v	which division (Check O	NE (1) Box Only)				
	Shetland 6 \$30/Playe		Mustang 10U C	Bronco 12U \$60/Player	Pony 14U \$60/Player	Colt 16U/ \$60/Player	Palomino 19U
2.	Name of League			Ye	ear	New	Renewal
3.	League City/Town			County _	A	State	
4.	Number of Teams in D	DivisionTo	otal # of Players in Divisi	on	Late Fee		ue is not submitted by 11:59pr
5.	List Insurance Compa	ny(2) – General Liability	/Accident & Medical				
6.	Number of Tams Ente	ring into Tournament Pla	ay	Complete Tou	rnament Application	& Submit by Marc	ch 15 th .
7.	List Names of Each Di	vision Team. A separate	e team roster for each te	am is required to	be submitted. (Rost	er form included)	
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	OFFICIAL CONTACT	Mobile Phone	Fax		Email		
	SECOND CONTACT	Name – Position	Mailing	Address	City	State	Zip
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DUE DATE: March 15th 11:59pm HST

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	Shetland 6 \$30/Playe		Mustang 10U \$60/Player	Bronco 12U \$60/Player	Pony 14 \$60/Playe		l/Palomino 19U er
2.	Name of League			Y	ear	New	Renewal
3.	League City/Town			County _		State	
4.	Number of Teams in Di	visionT	otal # of Players in Div	vision			Due is not submitted by 11:59p
5.	List Insurance Compan	y(2) – General Liability/	Accident & Medical		7	4	
6.	Number of Tams Enteri	ng into Tournament Pla	y Con	nplete Tournament	Application & Sul	omit by March 15th.	
7.	List Names of Each Div	rision Team. A separate	team roster for each	team is required to	be submitted. (Re	oster form included)	
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	8)			8)			
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8.	All correspondence fr The league Presiden	t should be listed as L	eague Contact or Se	cond Contact.			
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		Mobile Phone	Fax		Email		
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DUE DATE: March 15th 11:59pm HST

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2.	Name of League			Ye	earl	New	Renewal
3.	League City/Town			County		State	
4.	Number of Teams in Div	visionT	otal # of Players in Di	vision	Late Fee	Total Amt Du	ueis not submitted by 11:59pm
5.	List Insurance Company	y(2) – General Liability/.	Accident & Medical _		1	4	
6.	Number of Tams Enterio	ng into Tournament Pla	y Cor	mplete Tournament A	Application & Submit	by March 15 th .	
7.	List Names of Each Divi	ision Team. A separate	team roster for each	team is required to b	e submitted. (Roste	r form included)	
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7.	List Names of Each Div	rision Team. A separate t	team roster for each team	is required to b	e submitted. (Roste	er form included)	
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Step 3 League Team & Staff Rosters All Divisions

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