



**Due No Later Than**  
**March 15<sup>th</sup>**

**Hawaii Pony Baseball**

**ANNUAL LEAGUE & MEMBERSHIP REGISTRATION**

TM

**League Name:** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

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TM

**HAWAII PONY BASEBALL  
ANNUAL LEAGUE REGISTRATION**

**DUE DATE: March 15<sup>th</sup> 11:59pm HST**

**LEAGUE REGISTRATION INVOICE**  
Invoice totals are auto calculated based on input

Date: \_\_\_\_\_

League: \_\_\_\_\_

Year: \_\_\_\_\_

**Description:**

**Annual Membership Application(s)**

**Amount Due:**

Shetland Division

\_\_\_\_\_

Pinto Division

\_\_\_\_\_

Mustang Division

\_\_\_\_\_

Bronco Division

\_\_\_\_\_

Pony Division

\_\_\_\_\_

Colt/Palomino

\_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**Payment Ck #:** \_\_\_\_\_

TM



**Step 1**

**Annual**

**General League**

**Registration**

TM



# LEAGUE OFFICERS ROSTER

## West Zone – Hawai'i Region

League Name: \_\_\_\_\_ Date: \_\_\_\_\_

President

Name Mailing Address Best Contact Ph # Email

Vice President

Name Mailing Address Best Contact Ph # Email

Secretary

Name Mailing Address Best Contact Ph # Email

Treasure

Name Mailing Address Best Contact Ph # Email

Player Agent

Name Mailing Address Best Contact Ph # Email

Director

Name & Title (i.e. Pinto Director, etc) Mailing Address Best Contact Ph # Email

Director

Name & Title (i.e. Pinto Director, etc) Mailing Address Best Contact Ph # Email

Director

Name & Title (i.e. Pinto Director, etc) Mailing Address Best Contact Ph # Email

League Mailing Address (where mail should be sent)

Name

Mailing Address

City

State

Zip

Email

TM



**Step 2**

**Annual**

**Membership Registration**

**All Divisions**

TM

## **HAWAII PONY BASEBALL ANNUAL MEMBERSHIP REGISTRATION**

**DUE DATE: March 15<sup>th</sup> 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 HANDWRITTEN 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 Earl at [g.earll@pony.org](mailto: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



# Annual Membership Application HAWAII PONY BASEBALL

**DUE DATE: March 15<sup>th</sup> 11:59pm HST**

**DO NOT COMBINE TEAMS FROM DIFFERENT DIVISIONS ON THE SAME APPLICATION. PLEASE USE SEPARATE FORM FOR EACH DIVISION.**

1. This application is for which division (Check ONE (1) Box Only)

- Shetland 6U \$30/Player  
  Pinto 8U \$60/Player  
  Mustang 10U \$60/Player  
  Bronco 12U \$60/Player  
  Pony 14U \$60/Player  
  Colt 16U/Palomino 19U \$60/Player

2. Name of League \_\_\_\_\_ Year \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

3. League City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

4. Number of Teams in Division \_\_\_\_\_ Total # of Players in Division \_\_\_\_\_ Late Fee \_\_\_\_\_ Total Amt Due \_\_\_\_\_

**Submit a \$10 Late Fee per application is not submitted by 11:59pm (HST) on Due Date**

5. List Insurance Company(2) – General Liability/Accident & Medical \_\_\_\_\_

6. Number of Tams Entering into Tournament Play \_\_\_\_\_ Complete Tournament Application & Submit by March 15<sup>th</sup>.

7. List Names of Each Division Team. A separate team roster for each team is required to be submitted. (Roster form included)

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

8. All correspondence from HAWAII PONY BASEBALL INC will be sent to the person designated as League Contact below. The league President should be listed as League Contact or Second Contact.

**LEAGUE CONTACT**

Name – Position \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**SECOND CONTACT**

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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[ ] ON COMPUTER DATE \_\_\_\_\_





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**Step 3**

**League Team & Staff**

**Rosters**

**All Divisions**

**HAWAII PONY BASEBALL – LEAGUE TEAM ROSTER**

League Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ Division: \_\_\_\_\_ Year: \_\_\_\_\_

**Instructions: For accuracy, please type information. Use separate sheets for each team registering. Submit with Hawaii Pony Baseball Membership Application**

	Last Name	First Name	Residential Address	City	Zip	Ph Number	DOB	Age	School Attending	Parent Last, First Name	Parent Email
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**HAWAII PONY BASEBALL – TEAM STAFF ROSTER**

	Last Name	First Name	Title	Mailing Address	Best Contact Ph Number	Email Address
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**HAWAII PONY BASEBALL – LEAGUE TEAM ROSTER**

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**HAWAII PONY BASEBALL – TEAM STAFF ROSTER**

	Last Name	First Name	Title	Mailing Address	Best Contact Ph Number	Email Address
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## HAWAII PONY BASEBALL – LEAGUE TEAM ROSTER

League Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ Division: \_\_\_\_\_ Year: \_\_\_\_\_

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**END OF LEAGUE & MEMBERSHIP REGISTRATION**

