

Belleville Parks & Recreation Department

LITTLE



SLUGGERS T-ball

Little Sluggers T-Ball - is a non-competitive, co-recreational approach to teaching safe baseball to pre-school age children. Teams consist of a maximum of 10 players. Each team will practice for the first 20 minutes and then will bat and field against another team during the last 30 minutes. All players will receive a T-shirt and Safety Ball. This is a parent participation program.

Age: 3 years to 5 years (on or before May 28, 2010)

Dates: June 3rd - July 1st (*Rain date July 8th*)

Days: Thursday

Cost: \$45.00

Time: 1st Session 6:00 P.M. - 6:45 P.M.

Time: 2nd Session 7:00 P.M. —7:45 P.M.

Location: Laderman Park Soccer Field

1105 Mascoutah Avenue, Belleville IL



BENEFITS OF PARTICIPATION

- Builds confidence & self esteem in children
- Fun & Positive early experience in sports
- Helps prepare kids for future sports participation
- Helps prepare kids & parents for specific sports
- Quality time together for parent & child
- Helps parents learn to support & teach their child

5 Fast and Easy Ways to Register

★★ Complete registration form on back ★★

- On line at www.belleville.net
- Mail - In 510 West Main St., Belleville, IL 62220
- Drop - In 510 West Main St., Belleville, IL 62220
 - Call - 618-233-1416
 - Fax - 618-233-1449

WE ACCEPT ALL MAJOR CREDIT CARDS

BELLEVILLE PARKS & RECREATION DEPARTMENT

Little Sluggers T-Ball - 2010



PLEASE FILL OUT COMPLETELY - PRINT CLEARLY

FIRST NAME: _____ LAST NAME: _____ SEX: M F

ADDRESS: _____ CITY: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ TELEPHONE: _____

SCHOOL: _____ GRADE IN FALL (Fall of 2010): _____

FAMILY EMAIL: _____

*SHIRT SIZE: YXS (2-4) YS (6-8) YM (10-12)

Session Time Choice*: 6:00 p.m. - 6:45 p.m. 7:00 p.m. - 7:45 p.m.

- Maximum 60 players per session, filled on First-Come-First-Served basis.

If your First Choice Session Time is full, do you want to be added to the other Session Time? Yes No

PARENT NAME (Father/Guardian) _____ Home Phone _____

Work Phone _____

PARENT NAME (Mother/Guardian) _____ Home Phone _____

Work Phone _____

Credit Card # _____ Exp. Date: _____

Requests / notes: _____

LEAGUE OFFICIAL USE ONLY

AMOUNT PAID \$ _____ REGISTRATION DATE: _____

CASH/CHECK # _____ Credit Card

Comments: _____