



# CONTINGENCY PICK AUTHORIZATION FORM FORM



**TEAM:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

## SPONSORSHIPS CHECKS

**\$300.00/SPONSOR**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I/We request our son/daughter play for the team manager below. I/We are aware our son/daughter is a Contingency Pick due to the sponsorships above and will not participate in skills day. Our son/daughter is a first time player in this Division and has not previously been placed on another Hemet Youth Baseball team in this Division.

Manager Name: \_\_\_\_\_ MGR Phone #: \_\_\_\_\_

Player #1 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Player Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

Player #2 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Player Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

Division Director: \_\_\_\_\_ Exec. Bid. Mbr.: \_\_\_\_\_

**FORM UST BE COMPLETED PRIOR TO DIVISION SKILLS DAY**