

PLEASE INCLUDE THIS FORM WITH REGISTRATION IF REQUESTING TO "PLAY-UP"

To play up to the next level, conditions listed on the form **MUST** be met before playing. See Page 6!



2017 SPRING/SUMMER PLAY-UP FORM
IMPORTANT! IF YOU WISH TO "PLAY-UP" AT THE NEXT HIGHER LEVEL ...

Please make certain that your check includes the correct amount. Fees listed are total fees, including the Fields Fund Fee.
THIS FORM MUST BE COMPLETED EACH SEASON IN ORDER TO PLAY-UP!

Player: _____ Preferred Phone: (_____) _____

Boys' Baseball Leagues:
 Normal League: Tee-Ball Coach-Pitch 7 Coach-Pitch 8 Green Hat Red Hat
 "Play-Up" to: C-P 7 (\$110) C-P 8 (\$110) Green Hat (\$115) Red Hat (\$120) Blue Hat (\$125)

Girls' Softball Leagues:
 Normal League: Tee-Ball Coach-Pitch Green Hat Red Hat
 "Play-Up" to: Coach-Pitch (\$110) Green Hat (\$115) Red Hat (\$120) Blue Hat (\$125)

As the player's parent or guardian, I hereby petition the WYBSL to allow him/her to play at the next higher level. I understand that the WYBSL staff has sole discretion in this matter and will only allow this move after March 20: (1) on a space-available basis; and (2a) if the player has played in the same higher age division before, or (2b) if, after a mandatory skill assessment session (to be attended on either Saturday, April 1 or Saturday, April 8), the staff feels that the player is able to compete readily at the higher level. If, after such skill assessment, the staff does not believe that the player should "play-up", there is no assurance that a space will be available at the player's normal age level at that time.

Signature: _____ Date: _____

Send all forms and fees to:
WYBSL SPRING REGISTRATION • P.O. Box 1198 • Westerville, OH 43086-1198

PLEASE RETURN THIS VOLUNTEER SURVEY WITH YOUR REGISTRATION FORM
 or send as soon as possible to: Tim Carr, 125 South Knox Street, Westerville, OH 43081



WYBSL VOLUNTEER SURVEY (Please check all that apply – this survey covers current and future service)

Player's Name: _____ League: _____
 Dad's Name: _____ Mom's Name: _____
 Telephone: (_____) _____ Telephone: (_____) _____
 E-mail Address: _____ E-mail Address: _____

I/We would like to help the WYBSL in the areas listed below!

LEAGUE MANAGEMENT AND OPERATIONS

<table border="0"> <tr><td><u>Dad</u></td><td><u>Mom</u></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Board of Trustees</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>League General Manager</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>League Coordinator (Assistant GM)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>League Umpire Coordinator</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Standings / Scores / Statistics Coordinator</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>All-Star Games Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Concessions Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Concession Stand Stocker or Worker</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Equipment Committee</td></tr> </table>	<u>Dad</u>	<u>Mom</u>		<input type="checkbox"/>	<input type="checkbox"/>	Board of Trustees	<input type="checkbox"/>	<input type="checkbox"/>	League General Manager	<input type="checkbox"/>	<input type="checkbox"/>	League Coordinator (Assistant GM)	<input type="checkbox"/>	<input type="checkbox"/>	League Umpire Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Standings / Scores / Statistics Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	All-Star Games Committee	<input type="checkbox"/>	<input type="checkbox"/>	Concessions Committee	<input type="checkbox"/>	<input type="checkbox"/>	Concession Stand Stocker or Worker	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Committee	<table border="0"> <tr><td><u>Dad</u></td><td><u>Mom</u></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Fall Ball Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Field Preparation Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Fund-Raising/Donations Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Human Resources (Volunteers) Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Parade (July 4) Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Public Relations (Publicity) Committee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Registration/e-Registration Task Force</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Special Events Committee</td></tr> </table>	<u>Dad</u>	<u>Mom</u>		<input type="checkbox"/>	<input type="checkbox"/>	Fall Ball Committee	<input type="checkbox"/>	<input type="checkbox"/>	Field Preparation Committee	<input type="checkbox"/>	<input type="checkbox"/>	Fund-Raising/Donations Committee	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources (Volunteers) Committee	<input type="checkbox"/>	<input type="checkbox"/>	Parade (July 4) Committee	<input type="checkbox"/>	<input type="checkbox"/>	Public Relations (Publicity) Committee	<input type="checkbox"/>	<input type="checkbox"/>	Registration/e-Registration Task Force	<input type="checkbox"/>	<input type="checkbox"/>	Special Events Committee
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I'd like to help, but I'm not sure how. Please contact me to discuss my possible commitment.

PAID UMPIRE POSITION (for Green Hat Leagues or older)

Green and Red Hat (you must be 15 or older) Name: _____ Phone: (_____) _____
 Blue Hat and Black Hat (you must be Certified) Name: _____ Phone: (_____) _____