



Buddy Referral Form

Instructions/Information:

West Oaks Little League Baseball requires each family referring a new player to West Oaks Little League that has never previously played at West Oaks to complete Buddy Referral Form prior to receiving a discount. Once the Buddy Referral Form has been reviewed and approved, the family will receive a \$10 discount via a check within 30 days from Opening Day. Discount does not apply to siblings as the league provides a separate sibling discount issued at registration. REFUNDS WILL NOT BE GIVEN IF THE REFERRED PLAYER RESIGNS AFTER THE PLAYER IS ASSIGNED TO A TEAM.

WEST OAKS PLAYER INFORMATION (Print Clearly)

| | | | |
|---|--|--------------------|--|
| Last Name | | First Name | |
| Date of Birth | | Current Age | |
| How long has the player played at WOLL | | | |
| How is the player related to the referred player | | | |
| Address | | | |
| City | | County | |
| Zip | | School Name | |
| Name(s) of siblings playing in WOLL: _____ | | | |

PARENT INFORMATION (Print Clearly)

| | |
|---------------------|---------------------|
| Mother _____ | Father _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |

NEW PLAYER INFORMATION (Print Clearly)

| | | | |
|--|--|--------------------|--|
| Last Name | | First Name | |
| Date of Birth | | Current Age | |
| Has the player played baseball before, if so name of league? | | | |
| Has the player played select baseball, if so name of the organization and how long? | | | |
| Address | | | |
| City | | County | |
| Zip | | School Name | |
| Name(s) of siblings playing in WOLL: _____ | | | |

PARENT INFORMATION (Print Clearly)

| | |
|---------------------|---------------------|
| Mother _____ | Father _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Parent/Guardian Name (Please Print): _____ **Signature:** _____

Players Name (Please Print): _____ **Date:** _____

OFFICE USE ONLY

Registration Date _____ **Fee** _____ **Check#** _____ **Receipt #** _____