

# Rapids Baseball Incorporated 2013 Showcase Registration

Player Name: \_\_\_\_\_

High School/Travel Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ (Home)

( ) - \_\_\_\_\_ (Cell)

( ) - \_\_\_\_\_ (Work)

Best number to call:      Cell      Home      Work

Head Coach: \_\_\_\_\_

E-mail and cell number: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Bat L/R Throws L/R

**T-shirt Size:**                      **small      medium      large**

Positions (list three with one being preferred:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

You must be sure to attach a medical release form to this form or your registration is not complete.

### **Attach your check for the amount chosen:**

(Add \$25 for registrations postmarked after November 1, 2013.)

\$125 – Registration Only with evaluation

\$225 – Registration and One-on-One evaluation

\$325– Registration and Video evaluation with recruiter

Return with payment and medical release to:  
**RBI – P.O. Box 73611 Richmond, VA 23235**