

Idaho Dist. II Little League  
C/O Tammy Cluff A.D.A.  
2904 S Givens Way  
Meridian, ID 83642  
IDChallenger@aol.com  
208 362-3072

~For Official Use~  
League Age \_\_\_\_\_  
L.L. \_\_\_\_\_ S.L. \_\_\_\_\_  
On-Line \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_  
Money Order \_\_\_\_\_  
Total Paid \_\_\_\_\_  
Check # \_\_\_\_\_

Date of birth \_\_\_\_\_ Age as of **April 30, 2025** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Player's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_

**\*\* MUST HAVE\*\*** E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

<OR>

Caregiver \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any special needs: \_\_\_\_\_

**Special Requests** \_\_\_\_\_

Shirt Size (Please allow for shrinkage)

**YOUTH:** ( ) X-SM \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

**ADULT:** ( ) Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_

(only adults) \*2XL \_\_\_\_\_ \*3XL \_\_\_\_\_ 4XL \_\_\_\_\_ 5XL \_\_\_\_\_

**Please give your support: Your X insures the success of this program.**

Coaching Staff (3-4 per team) \_\_\_\_\_ Team Parent \_\_\_\_\_ Picnic Help \_\_\_\_\_

Team Sponsor \_\_\_\_\_ Pre-Season Help \_\_\_\_\_ Will Help Where ever \_\_\_\_\_

Volunteer #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Volunteer #2 \_\_\_\_\_ Phone# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Coach's shirt size (s)** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**\$40.00 Registration Fee (Please make checks out to Challenger Little League**