



# Wethersfield Babe Ruth Uniform Form

I, \_\_\_\_\_ (Players Name) have been selected to play for the Wethersfield Babe Ruth Program. My uniform Number is: \_\_\_\_\_ Part of my responsibility is to return the uniform when the season is complete. I understand that if the uniform is not returned within 2 weeks of the season ending, I will be billed for \$75.00 to replace the uniform. (Shirt & Belt)

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_