



**Automatic Draft Selection
(Freeze Form)**

League: _____

Team: _____

Year: Fall 2021

Child's Name: _____ **D.O.B** _____

Parent's Name: _____

Manager's Name: _____

Manager's Signature

Parent's Signature

LPBBA Rep: Print Name

LPBBA Rep: Signature

By signing this form all parties agree that the child listed above will be placed on the team listed above and will not be traded to any other team for the season listed above, unless there is a conflict with LPBBA's By Laws.

La Porte Boys Baseball Association