



Wilbraham Senior Legion Baseball 2026 Registration

March 17th – 30th

Online or In Office

Players Name: _____

D.O.B: _____ Age: _____ Grade (Fall 2026): _____

Address: _____ Town: _____

Players Cell: _____ Players Email: _____

Parent/Guardian's Name: _____

Parent/Guardian Cell: _____

Parent/Guardian Email: _____

PLEASE READ THE FOLLOWING CAREFULLY:

No refunds will be given once registration is over

TRYOUTS: Tryouts may be required for this program. Dates to be announced.

Cost: \$285, checks made out to Town of Wilbraham

Ages: 14-19

If questions, please reach out to WPRD (413) 596-2816

I have read, understand and agree to all of the above information

Parent/Guardian Signature: _____ Date: _____

Player Signature: _____ Date: _____