

FAIRVIEW YOUTH ATHLETIC ASSOCIATION

Springfield, Illinois

2024 Baseball Season

Notice: There will be no candy bar fundraiser for the 2024 Season.

F.Y.A.A. will Provide Baseball:

A player's age is determined by his/her age as of April 30, 2024.

- * Instructional (T-ball) 4, 5, & 6-year-old boys/girls
- * Coach Pitch for 7 & 8-year-old boys and girls
- * Minor Leagues for 9 & 10-year-old players
- * Major Leagues for 11 & 12-year-old players
- * Practices begin April 8, 2024
- * Games scheduled May 6 – July 3, 2024

Registration Fee:

League	*Registration fee	*After March 23
T-ball	\$100	\$110
C-pitch	\$110	\$120
Minor	\$120	\$130
Major	\$130	\$140

*Please pay registration fee with registration and make check or money order out to "FYAA".

www.leaguelineup.com/fyaabaseball

Registration:

All players, new and returning, must register.

All ages use April 30, 2024, cutoff.

Registration will be held Sunday February 25, 2024, at the St Aloysius School Gym (2125 N 21st Street) from 12:30 - 2:00 pm.

2nd Registration will be Saturday March 2, 2024, at the St Aloysius School Gym (2125 N 21st Street) from 2:30 - 4:00 pm.

Evaluation Practice: Saturday March 23, 2024, at Gietl Park 10:00 am – 1:00 pm for players who have not been assigned a coach by March 23. Time and diamond for age groups TBD.

FYAA is a volunteer league. The number of teams will be based upon the number of players who register and the number of coaches who volunteer. Contact Joe Vespa 217-652-5956, if you are interested in coaching or volunteering.

Bring this form and Registration Fee to Registration or mail to the address below.

FYAA

C/O J. Vespa
5321 Bunting Road
Springfield, IL 62711

I am interested in coaching a team: (circle one)

Manager Assistant None

Registration fee must accompany form.

Please make check/money order payable to "FYAA"

Child's Name: _____ Date of Birth: _____

Address: _____ Phone home: _____

City, State, Zip _____ Phone cell: _____

FYAA coach/team: _____ Phone other: _____

School: _____ Years playing baseball: _____

Parent's Name: _____ Signature: _____

Email Address: _____

Child's T-shirt size: (Circle one) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL

Official Use Only	Check #:	Amount paid/date:	League Age:	Division:
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