

Monarchs Information Page

Full Name: _____ Date of Birth: _____

Throws: R / L Bats: R / L Favorite Baseball Team: _____

Favorite Food: _____ Favorite Player: _____

Favorite TV Show: _____

Favorite Baseball Position: _____ School: _____

Favorite Subject: _____ Little League Team: _____

3 favorite Jersey numbers: 1. _____ 2. _____ 3. _____