

MIRACLE LEAGUE OF HARFORD COUNTY  
**BUDDY REGISTRATION FORM**



Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Age and Birth Date \_\_\_\_\_  Male  Female

Email Address \_\_\_\_\_

Person to Call in the Event of an Emergency \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

I, \_\_\_\_\_ agree that as a Buddy, it is my job to support the mission and purposes of this organization. The work I do will be worthwhile and challenging. I will respond to any situation and be flexible when it comes to working with the Miracle League players.

Buddy Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete form and mail to:**

**Miracle League of Harford County**  
2202 Byton Court  
Forest Hill, MD 21050

**OR email to:**

twalls@plazaford.com

