

REGISTRATION FORM

Participant's full name and address

Age _____

Home Phone (_____) _____

Cell Phone (_____) _____

\$145 per session registration fee. If two or more students register from the same family, each will receive a \$15 discount. Please attach payment with registration form

Level of Experience

No team experience

T-Ball

Minor League

Little League

Other (please specify) _____

Please Check Session

1st session- Linwood All Wars Memorial Field- June 24th to June 28th

2nd session- Avalon Little League Field- June 29th to July 3rd

3rd session- Long Beach Island (Harvey Cedars Recreation Fields) July 6th to July 10th

4th session- Sea Isle City Little League - August 3rd to August 7th

Payment Options

Checks or Money Orders made payable to: SHORE BASEBALL CLINIC or check one:

Visa MasterCard American Express Discover

Card number _____

Expiration Date (month/year) _____

Cardholder Signature _____

PLEASE NOTE: All clinics are from 9 a.m. to noon. Rain dates will be made up on Saturday morning following the last day of the clinic if necessary.

e-mail address to confirm registration _____

Please mail to:

Bobby Woods

109 Monroe Lane

Egg Harbor Twp., NJ 08234

(609)927-1833 or Toll Free: 1-877-NICEHIT (642-3448)

e-mail: Bobhitvid@aol.com