

REGISTRATION FORM

Participant's full name and address:

Age: _____
Cell Phone: () _____
Home Phone: () _____
E-mail address: _____

\$175 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 27th to July 1st
 2nd session- Long Beach Island (Harvey Cedars Recreation Fields) July 4th to July 8th
 3rd session- Sea Isle City Little League - August 1st to August 5th

Payment Options:

Checks or Money Orders made payable to: BOBBY WOODS PRODUCTIONS 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.

Please mail to:

Bobby Woods Productions
109 Monroe Lane
Egg Harbor Twp., NJ 08234
(609)927-1833 or Toll Free: 1-877-NICEHIT (642-3448)
e-mail: Bobhitvid@aol.com