

BATTER'S BOX CAMP/CLINIC REGISTRATION FORM

NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PARENTS' NAME: _____

TELEPHONE NUMBER: HOME: _____ - _____ - _____

WORK: _____ - _____ - _____ EXT: _____

CELL: _____ - _____ - _____

EMAIL ADDRESS: (MANDATORY) _____

REGISTRATION FOR: (PLEASE CIRCLE ONE)

YOUTH FUNDAMENTAL BASEBALL CAMP

PITCHING & HITTING CLASSES

ADVANCED PITCHING & CATCHING CAMP

ADVANCED HITTING CAMP

SESSION & TIME (FOR CAMPS & CLINICS ONLY): _____

ONLY ONE STUDENT PER REGISTRATION FORM

**MAKE ALL CHECKS PAYABLE TO:
BATTER'S BOX, 21 MARNE ST., HAMDEN, CT. 06514**

**PRIVATE & GROUP INSTRUCTION ALSO AVAILABLE
FOR MORE INFORMATION PLEASE CALL (203) 248-2398**