



Professional Baseball Instruction April/May "Floating Clinics"

CLINIC #800 - Hitting/Fielding OR
Choose Wed. or Fri.

CLINIC #801 - Pitching/Catching
Choose Wed. or Fri.

DATES	WED 4:30-6:30	OR	FRI 6:30-8:30
WEEK ONE	April 2		April 4
WEEK TWO	April 9		April 11
WEEK THREE	April 16		April 18
WEEK FOUR	April 23		April 25

CLINIC #900 - Hitting/Fielding OR
Choose Wed. or Fri.

CLINIC #901 - Pitching/Catching
Choose Wed. or Fri.

DATES	WED 4:30-6:30	OR	FRI 6:30-8:30
WEEK ONE	April 30		May 2
WEEK TWO	May 7		May 9
WEEK THREE	May 14		May 16
WEEK FOUR	May 21		May 23

COST - \$199 - Sibling discount - \$10

REGISTRATION

By mail * Fax: 201-760-8820 * Phone: 800-282-4638 * Internet: www.baseballclinics.com

Name: _____ D.O.B. _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

E-Mail Address: _____

Parents Names: _____

I CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL CONDITION AND CAN PARTAKE IN THE DAILY SCHEDULE OF EVENTS. IN CASE OF EMERGENCY I GRANT PERMISSION FOR MY CHILD TO BE GIVEN TREATMENT AT A LOCAL HOSPITAL.

Parent's Signature: _____

Yes I will attend PBI clinic #'s
_____ # _____ # _____

CLINIC PRICE **199 +**

Sibling Discount - 10
(if applicable)

Total Due \$ _____

Method of Payment

Check (Made payable to PBI, Inc.)

VISA

Master Card

AMEXCard

(circle one)

Card # _____

Exp. Date _____

Signature _____

www.baseballclinics.com

REGISTER TODAY! CALL 800-282-4638