

# Mt. Airy Baseball

# Winter Instruction 2018

Player's name: _____	Age on April 30, 2018: _____	Date of birth: _____
Address: _____		Telephone number: _____
E-mail address: _____		

### AA/AAA 7-9 yrs old:

Each session includes three 90 minute classes.

Please enroll my child in the following Mt. Airy Baseball Individual Sessions at \$30.00 per session

____ January Hitting:	Tuesdays	Jan 9, 16, 23	6:00 p.m. - 7:30 p.m.	= \$ _____
____ February Pitching:	Tuesdays	Jan 30, Feb 6, Feb 13	6:00 p.m. - 7:30 p.m.	= \$ _____
____ February Hitting:	Tuesdays	February 20, 27, Mar. 6	6:00 p.m. - 7:30 p.m.	= \$ _____

**Total:** = \$ \_\_\_\_\_

### AAA/Majors 10-12 yrs old:

Each session includes three 90 minute classes

Please enroll my child in the following Mt. Airy Baseball Individual Sessions Camps at \$30.00 per session

____ January Hitting:	Thursdays	Jan 11, 18, 25	6:00 p.m. - 7:30 p.m.	= \$ _____
____ February Pitching:	Thursdays	Feb 1, Feb 8, Feb 15	6:00 p.m. - 7:30 p.m.	= \$ _____
____ February Hitting:	Thursdays,	February 22, Mar 1, Mar. 8.	6:00 p.m. - 7:30 p.m.	= \$ _____

**Total:** = \$ \_\_\_\_\_

**The Clinics will be held in the Houston School gym at Allen and Rural Lanes, Philadelphia PA 19119.**

You can **register on-line at [mtairybaseball.org](http://mtairybaseball.org)** or by mail using this form. When registering by mail, please make your check **payable to Mt. Airy Baseball**. Mail your registration form & check to: **Mt. Airy Baseball - 100 W. Mt. Pleasant Avenue - Philadelphia, PA. 19119**. Classes are limited to 12 participants.

**Refunds will be made only if space is not available in the clinics you've requested.**

- I agree to hold Mt. Airy Baseball and its instructors, volunteers and Houston School harmless for any injuries incurred in connection with Clinics.

Parent or Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_