Mt. Airy Baseball *Winter Instruction 2017*

Player's name: _____ Age on April 30, 2017: _____ Date of birth: _____

Address: _____Telephone number: _____

E-mail address: _____

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AA/AAA 7-9 years 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 10, 17, 24	6:00 p.m. - 7:30 p.m.	= $ _____
____ February Pitching:	Tuesdays	Jan 31, Feb 7, Feb 14	6:00 p.m. - 7:30 p.m.	= $ _____
____ March Hitting:	Tuesdays	Feb. 21, Feb 28, Mar 7	6:00 p.m. - 7:30 p.m.	= $ _____

Total: = $ _____

AAA/Majors 10-12 years 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:	Fridays	Jan 6, 13, 20	6:00 p.m. – 7:30 p.m.	= $ _____
____ February Pitching:	Fridays	Jan 27, Feb 3, Feb 10	6:00 p.m. - 7:30 p.m.	= $ _____
____ March Hitting:	Fridays,	Feb. 17, Feb. 24, Mar 3.	6:00 p.m. - 7:30 p.m.	= $ _____

Total: = $ _____

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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** 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 Name: _____

Parent or Guardian signature: _____ Date:_____