

The OPLL Field House Registration Form- Winter 2012

check appropriate box

Player Name #1 _____ Age: _____ BB: _____ SB: _____

Player Name #2 _____ Age: _____ BB: _____ SB: _____

Player Name #3 _____ Age: _____ BB: _____ SB: _____

Player Name #4 _____ Age: _____ BB: _____ SB: _____

Parent/Guardian Name: _____

Phone number -home #: _____ Cell# _____

E-mail Address: _____

Saturday Clinic #1 Hitting: 1/21 thru 2/2 No# of players _____ @ \$30/ea = _____

Saturday Clinic #2 Throwing/Catching: 3/3 thru 3/24
(please note that Pitching will also be part of this session)
No# of players _____ @ \$30/ea = _____

8 week Team Academy (Tues and Thurs evenings) 2/7 thru 4/3 (skipping 2/21)
No# of players _____ @ \$60/ea = _____

OPEN HOUSE SPECIAL:

REGISTER FOR ALL 3 PROGRAMS FOR \$100. (\$20 Discount)
No# of players _____ @ \$100/ea = _____

TOTAL \$ _____

Please mark cash or check
Plus check # here: _____

Verified by: _____

Mail check and registration form to: OPLL Winter Program
PO Box 201, O.P, N.Y. 14127