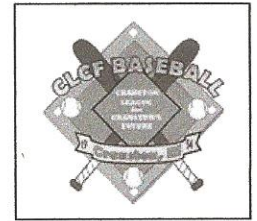


2012



CLCF BASEBALL INDOOR WINTER CLINIC REGISTRATION

PLAYER NAME: _____ D.O.B. _____ AGE _____

ADDRESS _____ PHONE _____

LOCATION: Hugh B. Bain Middle School, 135 Gansett Ave, Cranston
(GYMNASIUM – SIDE DOOR ENTRANCE - Trainer Street Side)

FEE: Four Week Session \$35.00 _____
OR Eight Week Session \$60.00 _____
OR Twelve Week Session \$75.00 _____

SESSIONS: (Three 1 Hour Sessions each Week) on WEDNESDAYS

Please Circle Dates & Times

Ages 4 & 5

Ages 6, 7 & 8

Ages 9 - 12

January 4, 11, 18, 25 --- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

February 1, 8, 15, 22, 29 --- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

March 7, 14, 21, 28 --- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

Parent or Guardian Signature: _____ Date: _____

Registration Instructions: Please Mail registration form with check payable to: **CLCF Baseball**

Mail to: CLCF Baseball P.O. Box 8573 Cranston, RI 02920

Please Circle Dates & Times & Tear Off For Your Records

Ages 4 & 5

Ages 6, 7 & 8

Ages 9 - 12

January 4, 11, 18, 25 --- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

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March 7, 14, 21, 28 --- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

NOTE: *Participants will need to bring their glove and wear sneakers. (Please print name on glove)*

We Welcome any Volunteers wishing to Assist with the Clinics - Please Notify us if you wish to volunteer

Phone Numbers: (Clinic Coordinator) Pat Keough 580-7700 / 270-9668, (Baseball Chairperson) Joe Rhodes 368-6266