



2010 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 - Trainor Street Side

FEE: **Each** 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

SESSION BREAKDOWN: **5:30 - 6:30 –Ages 4 & 5** **6:30 - 7:30 - Ages 6,7,8** **7:30 - 8:30 -Ages 9,10,11,12**
SESSION TIMES WILL BE ASSIGNED as are AVAILABLE or NECESSARY

Please Circle Dates & Times

Ages 4 & 5

Ages 6,7,8

Ages 9, 10,11,12

January 6, 13, 20, 27--- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

February 3, 10, 17, 24 --- (5:30 pm – 6:30 pm) --- (6:30 pm – 7:30 pm) --- (7:30 pm – 8:30 pm)

March 3, 10, 17, 24 --- (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.

Parent or Guardian Signature: _____ Date: _____

Phone Numbers: Pat Keough 270-9668 Steve Richard 419-8756

Registration Instructions: Please confirm dates & times of your child's JANUARY SESSIONS by PHONE, then mail registration form with check payable to: **CLCF Baseball**

Mail to: CLCF Baseball
c/o Pat Keough, Secretary
205 Aqueduct Rd
Cranston, RI 02910

Please Circle Dates & Times & Tear Off For Your Records

(Dates & Times MUST be Approved by Steve Richard or Pat Keough before they are finalized)

Ages 4 & 5

Ages 6,7,8

Ages 9, 10,11,12

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