



**WILLISTON NORTHAMPTON SCHOOL
BASEBALL CLINIC
2019**

REGISTRATION FORM

Dates: _____ Monday, June 24 - Thursday, June 27, 2019 **Hours:** 9:00 am - 12:00 pm
_____ Monday, July 15 – Thursday, July 18, 2019 **Hours:** 9:00 am – 12:00 pm
Please check desired session(s)

Cost: \$200/session must be paid in full at time of registration

Please make check out to: “Williston Northampton School”

Mail to: Williston Northampton School
 Attn: Matt Sawyer
 19 Payson Avenue
 Easthampton, MA 01027

STUDENT INFORMATION

Name _____

Address _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____

PARENT INFORMATION

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (home): _____ Work/Cell: _____

Email: _____

EMERGENCY CONTACT INFORMATION IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____