

## BASEBALL CLINICS 2020 REGISTRATION FORM

Sessions:

(All sessior	ns 9:00 am – 12:00 pm)		
Wednesday, June 24 - Fr		iday, June 26, 2020	\$150 per player
Monday, June 29 – Thurs		day, July 2, 2020	\$200 per player
	Monday, July 13 – Thurso Please cl	day, July 16, 2020 heck desired session(s)	\$200 per player
	All sessions must	be paid in full at time	e of registration
Please m	ake check out to: "Willisto	on Northampton Sch	nool"
Mail to:	Williston Northampton School Attn: Matt Sawyer 19 Payson Avenue Easthampton, MA 01027		
STUDENT	INFORMATION:		
Name			
			Zip Code:
Age:	Date of Birth:		
PARENT II	NFORMATION:		
Parent / Gu	uardian Name:		
Address: _			
City:		State:	Zip Code:
Phone # (home):		Work/Cell: _	
Email:			
EMERGEN	ICY CONTACT INFORMAT	ION IN CASE OF EM	ERGENCY
Name:		Relationship:	
Phone #: _			
Name:			
Phone #: _			