

## WILLISTON NORTHAMPTON SCHOOL BASEBALL CLINIC 2022

## **REGISTRATION FORM**

Dates:	Monday, June 27 - Thursday, J	une 30, 2022	Hours:	9:00 am - 12:00 pm
Please c	Monday, July 11 – Thursday, Juneck desired session(s)	uly 14, 2022	Hours:	9:00 am – 12:00 pm
Cost:	\$220/session must be paid in full at time of registration			
Please ma Mail to:	<b>ke check out to</b> : "Williston Northan Williston Northampton School Attn: Matt Sawyer 19 Payson Avenue Easthampton, MA 01027	mpton School"		
STUDENT I	NFORMATION			
Name				
	State: _			
Age:	Date of Birth:	_		
PARENT IN	FORMATION			
Parent / Gua	ardian Name:			
Address:				
City:	State:	Zi	p Code: _	
Phone # (ho	me): W	/ork/Cell:		
Email:				
EMERGEN	CY CONTACT INFORMATION IN CA	SE OF EMERG	ENCY	
Name:		Relationship:		
Phone #:				
		Relationship:		
Phone #:				