



**REGISTRATION FORM
CHRISTMAS VACATION CLINIC**

WHEN: December 26-30

TIME: 845 drop off 9 AM- 2 PM

AGES 7-12

Cost: \$180 all 5 days or \$50/day

Sibling price: (2 or more kids) \$150 all 5 days or \$40/day

Limited space: First 30 sign ups

Players will work on hitting, fielding drills, throwing, games, and much more.
Dress like a baseball player: baseball pants, tshirt, baseball cap, and sneakers.
Bring lunch and drinks

Participant's Name: _____

Date of Birth: _____ Current Age: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone# _____ Cell Phone# _____

Do you receive text messages: Y or N

Emergency Contact Person: _____ CELL # _____

T- SHIRT SIZE: Youth L - Adult S - Adult M - Adult L - Adult XL - Adult 2X

TWO TYPES OF PAYMENT: CASH OR CHECK

Amount Paid: _____ Check # _____

CHECKS MADE OUT TO: Braintree Baseball Club

MAIL PAYMENT TO: 24 Plain St. Braintree Ma 02184

www.braintreebaseballclub.com