



## UNH BASEBALL Clinic Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ HS Grad Year: \_\_\_\_\_

Primary Pos: \_\_\_\_\_ Secondary Pos: \_\_\_\_\_

**Fee \$50:** *Please check which clinic(s) attending*

Pitching & Catching; December 28th \_\_\_\_\_

Hitting; December 28th \_\_\_\_\_

(The fee is \$75 to attend both clinics)

Make checks payable to **UNH Baseball**

Please return registration form and check to

UNH Baseball Office

300 Boston Post Rd

West Haven, Ct. 06516