

SUMMER PITCHING WITH SUE SNYDER

KEEP YOUR EDGE DURING THE TOURNEY SEASON AND CONTINUE TO IMPROVE YOUR SKILLS THIS SUMMER!!

DON'T HESITATE TO SIGN UP OR IT WILL BE TOO LATE!! LIMITED SPACE AVAILABLE EACH SESSION!!

**BEGINNER CAMP: SUNDAY AUG 13-THURSDAY AUG 17 @5-6:30 PM \$150,
NO CATCHER NEEDED!!**

**INTERMEDIATE GROUP SESSIONS: JUNE 7, 21, JULY 12, & 26 (\$35/SESSION) @
5-6:30 PM WITH A MAX OF 6 GIRLS/SESSION, CATCHER IS REQUIRED!! REGISTER
FOR ALL 4 SESSIONS FOR \$125 (SAVE \$15)**

**ADVANCED GROUP SESSIONS: JUNE 14, 28, JULY 19, & AUG 2 (\$35/SESSION) @
5-6:30 PM WITH A MAX OF 6 GIRLS/SESSION, CATCHER IS REQUIRED!! REGISTER
FOR ALL 4 SESSIONS FOR \$125 (SAVE \$15)**

CHECKS MADE PAYABLE TO: Play Ball Sports MAIL REGISTRATION AND PAYMENT TO: Play Ball Sports, 1830
Oakland Ave, Ste 125, Indiana, Pa 15701

NAME: _____ AGE: _____

SESSIONS:

_____ BEGINNER CAMP \$150 AUG 13-17 5-6:30 PM

_____ INTERMEDIATE GRP SESSIONS(\$35/SESSION OR \$125 ALL 4 SESSIONS) 5-6:30 PM:

CIRCLE DATES YOU WILL ATTEND: JUNE 7/JUNE 21/JULY 12/JULY 26/ALL 4 SESSIONS

_____ ADVANCED GRP SESSIONS (\$35/SESSION OR \$125 ALL 4 SESSIONS) 5-6:30 PM:

CIRCLE DATES YOU WILL ATTEND: JUNE 14/JUNE 28/JULY 19/AUG 2/ALL 4 SESSIONS

PARENT/GUARDIAN NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT NAME/PHONE: _____

RELEVANT MEDICAL CONDITIONS: _____

I AGREE AS PARENT/GUARDIAN OF THE ABOVE NAMED INDIVIDUAL TO GIVE PERMISSION FOR HER TO PARTICIPATE IN THIS PLAY BALL SPORTS CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HER WHILE PARTICIPATING IN THIS CLINIC AT PLAY BALL SPORTS AND RELEASE PLAY BALL SPORTS, LLC AND ITS EMPLOYEES OF ANY AND ALL LIABILITY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____