



Baseball & Softball Training

VACATION CLINIC REGISTRATION FORM

Please Print or Type

Name of Player: _____ Birth Date: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Parents Names: _____ Phone Home: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

JANUARY VACATION CLINIC

DATE: JAN 17 & 18 (\$125)

FEBRUARY VACATION CLINIC

DATE: FEB 16 - 20 (\$125)

MARCH VACATION CLINIC

DATE: MARCH 15 - 19 (\$125)

MARCH VACATION CLINIC

DATE: MARCH 22 - 26 (\$125)

APRIL VACATION CLINIC

DATE: APRIL 19 TO 23 (OUTDOORS) (\$125)

THREE TYPES OF PAYMENT: CASH, CREDIT CARD, CHECK

Amount Paid: _____ Check # _____

Credit Card # _____ Ex: _____

CHECKS MADE OUT TO: JM SPORTS ACADEMY
4 Walpole Park South, Walpole Ma 02081