

KEN ULRICH BASEBALL INC.

www.kenulrichbaseball.com PHONE & FAX (845) 353-4222

@ VISION SPORTS CLUB 37 West Jefferson Ave Pearl River N.Y. 10965

REGISTRATION FORM 2018 ~Small Clinics 1 to 5 Ratio

L.L. Ages 6-12 ~ H.S. Ages 13-18 / Baseball = (BB) Softball = (SB)

4 ~ 1-Hour sessions \$235

<u>Times</u>	<u>January</u> <u>Mon – Jan. 8, 15, 22, 29</u>	<u>February</u> <u>Mon – Feb. 5, 12, 19, 26</u>	<u>March</u> <u>Mon – March. 5, 12, 19, 26</u>															
5:00-6:00pm	LL Hitting BB	LL Hitting BB	LL Hitting BB															
6:00-7:00pm	LL or HS Hitting BB or SB	LL or HS Hitting BB or SB	LL Hitting BB or SB															
7:00-8:00pm	LL or HS Hitting BB or SB	LL or HS Catching BB or SB	LL or HS Hitting BB or SB															
8:00-9:00pm	LL or HS Hitting BB or SB	LL or HS Hitting BB or SB	LL or HS Hitting BB or SB															
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Wed. - Jan. 10, 17, 24, 31</u></th> <th style="text-align: center;"><u>Wed. – Feb. 7, 14, 21, 28</u></th> <th style="text-align: center;"><u>Wed. – March. 7, 14, 21, 28</u></th> </tr> </thead> <tbody> <tr> <td>5:00-6:00pm</td> <td>LL Hitting BB</td> <td>LL Hitting BB</td> </tr> <tr> <td>6:00-7:00pm</td> <td>LL or HS Hitting BB or SB</td> <td>LL or HS Hitting BB or SB</td> </tr> <tr> <td>7:00-8:00pm</td> <td>LL or HS Hitting BB or SB</td> <td>LL or HS Hitting BB or SB</td> </tr> <tr> <td>8:00-9:00pm</td> <td>LL or HS Hitting BB or SB</td> <td>LL or HS Hitting BB or SB</td> </tr> </tbody> </table>				<u>Wed. - Jan. 10, 17, 24, 31</u>	<u>Wed. – Feb. 7, 14, 21, 28</u>	<u>Wed. – March. 7, 14, 21, 28</u>	5:00-6:00pm	LL Hitting BB	LL Hitting BB	6:00-7:00pm	LL or HS Hitting BB or SB	LL or HS Hitting BB or SB	7:00-8:00pm	LL or HS Hitting BB or SB	LL or HS Hitting BB or SB	8:00-9:00pm	LL or HS Hitting BB or SB	LL or HS Hitting BB or SB
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* Please check if interested in working on hitting & throwing/catching during your session*

SIGN UP FOR 3 MONTHS (12 Sessions) \$665 Save \$40

** Schedule Subject to Changes please inquire **

Are you looking for Catching, Pitching, Team Clinics or Private Lessons

Call: 845-353-4222 or Email: learnbaseball@hotmail.com

Last name	First	Clinic Date & Time
Home Address	Age	
City	State	Zip Code
Parent's Name	Home Phone	Cell Phone
Emergency Contact	Phone	Cell

I certify that my child is in good physical health and can participate in the daily schedule of events. In case of emergency, I grant permission for my child to be given treatment at the local hospital.

Parent's Name _____ Parent's Signature _____ Date _____

Checks Payable to: Ken Ulrich Baseball Inc. PO Box 739 West Nyack, NY 10994