

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 2019 ~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. 7, 14, 21, 28</u> | <u>February</u> <u>Mon – Feb. 4, 11, 18, 25</u> | <u>March</u> <u>Mon –March. 4, 11, 18, 25</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 |
| | | | |
| | <u>Wed. - Jan. 9, 16, 23, 30</u> | <u>Wed. – Feb. 6, 13, 20, 27</u> | <u>Wed. – March. 6, 13, 20, 27</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 Hitting BB or SB | LL Catching 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 |

* *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 Private Lessons Catching, Pitching, Team Clinics

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

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