

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 2020 ~Small Clinics 1 to 4 Ratio

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

4 ~ 1-Hour sessions \$245

Times	<u>January</u> Mon –Jan. 6, 13, 20, 27	<u>February</u> Mon – Feb. 3, 10, 17, 24	<u>March</u> Mon –March. 2, 9, 16, 23
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. 8, 15, 22, 29</u>	<u>Wed. – Feb. 5, 12, 19, 26</u>	<u>Wed. – 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 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) \$695 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

Last name	First	Clinic Date & Time
Home Address		Age
City	State	Zip Code
Email		
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