



845-353-4222 (phone + fax)
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 www.kenulrichbaseball.com

Winter Clinic Registration

at VISION SPORTS CLUB
 37 West Jefferson Ave, Pearl River, NY 10965

\$250 for 4 x 1-Hour Sessions | SIGN UP FOR 3 MONTHS (12 Sessions) \$700 (save \$50)

LL (ages 6-12) | HS (ages 13-18) | Baseball = BB, Softball = SB * *schedule subject to change*

| Times | JANUARY | FEBRUARY | MARCH |
|--------------|---------------------------|-----------------------------|---------------------------|
| | Mon Jan 3, 10, 17, 24 | Mon Jan 31, Feb 7, 14, 28 | Mon Mar 7, 14, 21, 28 |
| 5:00-6:00 PM | LL Hitting BB | LL Hitting BB | LL Hitting BB |
| 6:00-7:00 PM | LL Hitting BB or SB | LL Hitting BB or SB | LL Hitting BB or SB |
| 7:00-8:00 PM | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB |
| 8:00-9:00 PM | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB |

| Times | JANUARY | FEBRUARY | MARCH |
|--------------|---------------------------|---------------------------|---------------------------|
| | Wed Jan 5, 12, 19, 26 | Wed Feb 2, 9, 16, Mar 2 | Wed Mar 9, 16, 23, 30 |
| 5:00-6:00 PM | LL Hitting BB | LL Hitting BB | LL Hitting BB |
| 6:00-7:00 PM | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB | LL Hitting BB or SB |
| 7:00-8:00 PM | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB | LL or HS Hitting BB or SB |
| 8:00-9:00 PM | 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

Looking for private lessons, catching, pitching, team clinics? Call or email us for more information.

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

Please make checks payable to: **Ken Ulrich Baseball Inc.** PO Box 739 West Nyack, NY 10994