



Tolland Little League

Baseball ♦ Softball



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MAILING ADDRESS: PO BOX 73, TOLLAND CT 06084

2012 WINTER CLINIC REGISTRATION FORM

Player's Name: _____ Age: _____ D.O.B. _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Choose Session(s). You may choose multiple Sessions

CLINIC # 1: PITCHING AND CATCHING, Jan. 6, 13, 20, 27

_____ Baseball only, Fridays 5:00-7:00 PM

_____ (Please indicate pitching or catching)

Location: Star Hill Family Athletic Center

CLINIC # 2: INFIELD AND OUTFIELD, Feb. 3, 10, 17, 24

_____ Baseball and Softball, Fridays 5:00-7:00 PM

Location: Star Hill Family Athletic Center

CLINIC #3: HITTING, March 2, 9, 16, 30

Clinic Full – Closed 1/8/12

Registration Fee(s)

Registration Fees:

Clinic # 1= \$85.00

Clinic # 2= \$85.00

Clinic # 3= ~~\$85.00~~ closed

Total Amount _____

Important! Clinic Proceeds will go to field maintenance

I, _____ give permission for my son and or daughter _____

To be treated for any injury sustained at the Tolland Little League winter Clinics. I hereby waive any responsibility for Tolland Little League, the clinic instructors, coaches and the town of Tolland, Connecticut. I have enclosed the appropriate registration fees and understand that it's non-refundable.

Parent/Guardian signature: _____

Return all Forms to:
Tolland Little League
PO Box 73
Tolland, CT 06084
ATT: Winter Clinics

Make Checks Payable To:
Tolland Little League
RE: 2012 Winter Clinics

Forward all Questions to:
Daniel Tourtellotte,
Training Director
870-8832