REGISTRATION FORM Kutztown University Fastpitch Exposure Clinic 2013

Name		Grad Year:		Major:					
Street		City		State		Zip _			
Telephone(home):		<u>.</u>	E:Mail:						
HS									
DOB:	GPA:	SATS:		Class Rank:					
Parent's Name:									
SB Primary Position:			Second	dary Position:					
NCAA Clearing	ghouse: Yes:		No:		_Ht/Wt:				
	Bats:			Throws:		-			
Travel Team:		Travel Coa	ch:						
Phone:		E-Mail:							
Recruiting \$15 pre / \$ ** Pre-registration price (no exceptions) Sessions (check)		postmarked (on or be	fore December	12th. Late r	registratio	n apply aft	er Decemb	er 12th
Pitching Exposure Clir	nic 8:45 –	10:00	_ 10:15	5 – 11:30					
Hitting Exposure Clinic	8:30 – 1	0:00		12:00 – 1:30					
Infield Exposure Clinic	11:45 –	1:15	3:15 – 4	4:30					
Catching Exposure Cl	inic 1:30 -	- 3:00							
Outfield Exposure Clir	nic 1:30 –	3:00							
Recruiting Session	10:45 – 12:0	00 12	2:30 – 1	:45					
(The recruiting session review the NCAA Eligi			-	•	-			visions. T	hey
# of sessions#	of Recruiting Se	essions	\$7	otal					
To pay with credit card	d, please visit: v	ww.kutztow	nuspor	scamps.com					

By Check: Please make checks payable to Kutztown University Softball
** A confirmation e-mail will be sent confirming registration and payment

Return Registration and Payment

KUTZTOWN UNIVERSITY FASTPITCH EXPOSURE CLINIC

P.O. Box 730

Kutztown, Pennsylvania 19530

(610) 683-4665 (office) (610) 683-1379 (fax)