

Spring Training Registration

Complete forms (one per participant), sign release and send with payment to **Andy Chong**, **PO. Box 22**, **Clinton**, **MA 01510** by **April 1**, **2014**.

Name:				
Email				
Address:				
City/Town:		State:	ZIP:	
Home Phone :()		Cell Phone:()	
Date of Birth:Sex (M/F):				
Please check all that ap				
Session Date	AM	PM	Price	
Monday April 21				
Tuesday April 22				
Wednesday April 23				
Thursday April 24				
Friday April 25				
			TOTAL:	

AM: 9:30-12pm PM: 1:30-4pm 5 days = \$300 Individual days: \$75

Individual days: \$75 Half days (just AM or just PM): \$40 each



Thank you!