## 2019 Saber Baseball Hitting Clinics at SHS Field House

Please circle the age level (2019 player age level) and dates the player will be attending:

You will receive con	nfirmation through e-mail	when reg	gistratio	on and	paymei	nt are re	ceived.
Parent's signature required:		D	ate:			_	
As with any athletic training of safety concerns with all a Sabers Baseball Coaches, an Clinics:	thletes; however, by signing	this form	I under	rstand th	nat SYE	BA, the S	hakopee
	E-mail: tschlepe@	<u>snakopee</u>	schools	s.org			
	Phone: 952-250-76		1 1				
	Shakopee, MN 553	79					
% Tom Schleper 1779 Presidential LN							
	SYBA						
Please	e send completed registration	form an	d paym	ent to:			
Best Phone Number	to call during clinics:						
Parent's e-mail:							
Parent's name:							-
Player's name:							
Total Cost (c	cost is \$15 per session, or \$0	60 for all	5 sessi	<u>ons)</u> :			
* <b>Ages:</b> 14 or 15	Hitting (2:00-3:00)	2/10	2/17	2/24	3/10	3/17	
11ges. 12 of 15	1111111g (1100 <b>21</b> 00)	2/10	2,1,	_,_,	3/10	3/1/	
* <b>Ages</b> : 12 or 13	Hitting (1:00-2:00)	2/10	2/17	2/24	3/10	3/17	
* <b>Ages:</b> 9, 10 or 11	Hitting (noon-1:00)	2/10	2/17	2/24	3/10	3/17	
	<b>TT</b>	2/10	- /	0 /0 4	<b>2</b> / <b>4</b> 0	o /4 =	