



Rockford Varsity Baseball

Rockford Varsity Baseball Team

**Will present instruction in:
Hitting, Fielding, Throwing, Catching, and Running**

Cost: \$60.00 (includes the instruction and Rockford Baseball t-shirt)
Where & When: *East Rockford Middle School - Saturday, March 10th*

North Rockford Middle School - Saturday, March 17th

3rd / 4th Grade 9:00am – 11:30 am

5th / 6th Grade 12:00pm – 2:30pm

Rockford Baseball Clinic

Name: _____

Address: _____

Phone Number: _____

Parent/Guardian: _____

Childs age: _____ **Grade:** _____ **Birth date** _____

T-shirt Size:

Youth size: _____ **Large (14-16)**

Adult size: _____ **Small**

**Mail to: Rockford Community Services
350 N Main Street
Rockford, MI 49341**

**checks payable to:
Rockford Community Services**



My son hereby agrees to participate in the baseball clinic and will abide by all baseball and safety rules put in place. We will not hold the Rockford Baseball Team, or Rockford Public Schools responsible for any injury that may be sustained while participating in the baseball clinic.

Register by February 24th to insure getting a t-shirt _____ (signature and date)