

Registration:

Name: _____

Address: _____

DOB: _____ EMAIL: _____

Phone number (Home) _____ Cell: _____

Please check one:

Session 1: Nov. 6/13/20 Dec. 4/11/18____ Session 2: Nov. 11/18//25 Dec. 2/9/16 ____
Session 3: Jan 6/13/20/27 Feb. 3/10 ____ Session 4: Jan 8/15/22/29 Feb. 5/12 ____
Session 5: Feb. 17/24/ March 3/10/24/31____ Session 6: Feb. 19/26 March 5/12/19/26 ____

Checks should be made payable to: Clemente's Baseball & Softball Academy
70 Red School House Rd
Chestnut Ridge, NY 10977

Registration is limited: No refunds for cancellations.