

Bandits of Tomorrow Clinic – Rosemont, IL Registration/Information Form Held at: The Ballpark in Rosemont 27 Jennie Finch Way Rosemont, IL 60018 Monday, October 12, 2015 MAIL REGISTRATION TO BANDITS ADDRESS BELOW



Player Name	T	Team Name				
Parent/Guardian Name	C	Coach Name Phone ( ) Birthday				
Email Address						
T-Shirt Size	В					
Billing Address						
City	St	_ State Zip				
Player Age (circle one) 9 10 11	12 13	14	15	16	17	18
Please select appropriate option(s):						
Session #1: Pitching (all levels) – 1:00 to 3:00	p.m.					
Session #2: Infield / Outfield Defense – 1:00	to 2:30 p.m.					
Session #3: Speed and Agility – 2:30 to 3:30	o.m.					
Session #4: Hitting - 3:30 to 5:00 n m						
Session #4: Hitting – 3:30 to 5:00 p.m.						
Session #4: Hitting – 3:30 to 5:00 p.m.						
	l for full amoun	t listed below	for partic	ipation in	the Bandi	ts of
REGISTRATION: OFFICIAL PAYMENT authorize the Chicago Bandits to charge my credit card	l for full amoun arged upon rec	t listed below Pipt. Any can	for partic cellations v	ipation in will result	the Bandi in a \$15 p	ts of enalty.
REGISTRATION: OFFICIAL PAYMENT authorize the Chicago Bandits to charge my credit card Tomorrow Clinic in Rosemont, IL. Credit Cards will be ch	l for full amoun arged upon rec ns - \$70 **	t listed below eipt. Any can <b>Three (3)</b>	for partic cellations v Sessions -	ipation in will result <b>\$100 ** (</b>	the Bandi in a \$15 p <b>** Same I</b>	ts of enalty. Participant)
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Chicago Bandits Attn: Rosemont Clinic 27 Jennie Finch Way, Rosemont, IL 60018 Phone: (877) 722-6348 / Fax (630) 396-3095 / Email: awestover@chicagobandits.com