



Chicago Bandits Pro Fastpitch
27 Jennie Finch Way
Rosemont, IL 60018
(877) 722-6348 – phone
www.chicagobandits.com

Chicago Bandits Clinic/Team Practice Agreement

Team Name/Organization _____

Name of Person Arranging Clinic _____

Phone # _____ Phone# _____

Email _____

Clinic Date _____ Clinic Time _____

Clinic Location/Address _____

Type of Facility: Gymnasium Softball/Baseball Center Other

Age of Participants _____ # of Participants Expected _____

Bandits Players Requested _____

Bandits Players Assigned (internal use only) _____

Clinic type (Infield, Outfield, Hitting, Base running, general, etc.) _____

Will you have equipment available for the camp? YES NO LIMITED

TOTAL PRICE (includes fee to players and Bandits) _____

Payment Due By _____
(Check or Money Order Only – Due upon arrival)

*Please make the check(s) payable to the **CHICAGO BANDITS** for the full amount owed unless instructed otherwise by Bandits representatives. If you have any questions or need additional assistance, please contact the Bandits' office at (877) 722-6348. Please note that the Bandits may bring a limited supply of merchandise to the clinic for retail purposes.

Chicago Bandits Representative

Group Representative

Date of approval

Date of request