



WINTER WORKOUT ** CLINIC ** **

Open to all Softball Players • December thru February • 2 Hour Sessions • Individuals and Teams Welcome • Covering all aspects of the game.

LOCATION: ARTISTIC STITCH

78-08 Cooper Ave, Glendale

Lower level (Parking lot behind building down ramp)

SESSIONS 10am -12pm

<u>SATURDAYS - ages 9-15</u> 12/3 ,12/10, 12/17, 1/7 1/21, 1/28, 2/4, 2/11, 2/18 <u>SUNDAYS - 16U & 18U</u> <u>SUNDAYS - AGES 12-15</u> 12/4, 12/11, 12/18, 1/8, 1/22 1/29, 2/5, 2/12, 2/19

TUITON:\$450 INCLUDES T-SHIRT

CONTACT LOU SANTOS, DIAMOND ZONE DIRECTOR

CHSAA Brooklyn Queens Diocesan Champs '08 '09 '11 '12,'16 Brooklyn/ Queens Regular Season Champs '13 '14 '15,'16 NYC Metro Champions '11, '16

347-743-7078 email: dplou@aol.com



REGISTRATION FORM



PLAYER NAME:			
DATE OF BIRTH:	AGI	= :	
ADDRESS:			
PARENT/GUARDIAN NAMES:			
MOM'S CELL:	_ DAD'S CELL:		
PLAYER'S CELL:			
MOM'S EMAIL:	DAD'S EMAIL:_		
CURRENT TRAVEL TEAM:			
INTERESTED IN JOINING LDP TRAVEL TEAM:			
CIRCLE - SATURDAY AGES 9-15 SUNDAY AGES 12-15 SUNDAY AGES 16-18			
CREDIT CARD - CIRCLE CHOICE : DISCOVER VISA M/C			
CREDIT CARD #:	EXP.	EXP. DATE:	
CREDIT CARD FEE ADD'L - 4% (\$18.00) AMT. CHARGED: \$468.00			
CHECK (\$25 CHECK RETURN FEE) \$	CK #	AMT: \$450.00	
CHECKS PAYABLE TO:			
DIAMOND PROS, INC. 248-54 89 TH AVE BELLEROSE, N.Y. 11426			
WAIVER (signature required): I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above participant.			
Signature of parent/guardian			

PLEASE NOTE: ONCE PROGRAM BEGINS THERE ARE NO REFUNDS