

# St. Joseph's Baseball Clinic 2010 Registration Form

Please print and fill out one form for each player and return it with your payment to:

Frank Domnisch  
C/O St. Joseph's Baseball Clinic  
26 Mildred Place  
North Babylon, NY 11703

The fee for the 6 week clinic is \$180.00, Please make all checks payable to:  
Long Island Mariners Sports Academy

## Clinic Schedule:

Week 1	Sunday	January 10th	9:00AM to 11:00AM
Week 2	Sunday	January 17 <sup>th</sup>	2:30PM to 4:30PM
Week 3	Sunday	January 24 <sup>th</sup>	9:00AM to 11:00AM
Week 4	Sunday	January 31 <sup>st</sup>	2:30PM to 4:30PM
Week 5	Sunday	February 21 <sup>st</sup>	9:00AM to 11:00AM
Week 6	Sunday	February 28 <sup>th</sup>	TBA

Any questions please contact Frank Domnisch @ (631) 422-4464 or [ttsfrank@aol.com](mailto:ttsfrank@aol.com)

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Player 's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Players Shirt Size \_\_\_\_\_