



America's Finest
Baseball School
is Coming to
Your Area!



www.doylebaseball.com

**Pitching/Catching
BASEBALL
SCHOOL**

**DO YOU HAVE A PLAN
FOR SUCCESS?**

**HOSTED BY Niceville-Valparaiso LL
1st Annual Spring Players' School**

WE DO!

1. Obtain the right information and training from the experts (copyrighted Doyle curriculum).
2. Continuously repeat the correct action (use proven drills).
3. HAVE FUN DOING IT! (inject enthusiasm and competition)

Each Player Receives...

- ✓ Professional Evaluation in Pitching, Catching, Throwing
- ✓ Professional Instruction from the game's Teaching Experts

Dates: Feb 26-27, 2005
Times: Saturday: 9 - 3 pm Sunday: 1 - 5 pm
Ages: 9-10, 11-12, 13-&-Older
Location: Twin Oaks Field on Hwy 85
Tuition: Register by Feb 18 for discount rate - \$75 Register After Feb 18 - \$95
Special Notes: Bring your own bat & glove.
Check-in at 8:45 on Sat
Break for lunch @ 11:30 on Sat
Optional Chapel Sunday at Noon
For More Info. Call: Joe Friedman (850) 865-2876

DOYLE BASEBALL ENROLLMENT APPLICATION

Please print & complete all sections. Use one application per player.

Last Name _____
 First Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Birth Date ____ / ____ / ____ Age _____ Grade _____
 Parent E-Mail Address _____ (for future updates)
 Player E-Mail Address _____ (for future updates)
 Mother or Guardian Name (first & last) _____
 Mother's Occupation _____ Work Phone () _____
 Father or Guardian Name (first & last) _____
 Father's Occupation _____ Work Phone () _____
 How did you hear about Doyle Baseball? _____
 Have you previously attended Doyle Baseball? YES NO
 If YES, where & when? _____

Niceville,FL
Feb 26-27, 2005
Discount Tuition:
\$75 per player
 (by Feb 18, 2005)
Late Tuition:
\$95 per player
 (after Feb 18, 2005)
 ___ T-Shirt - \$15.00 pre-pay
 ___ Shirt size
 Mail application & payment to:
 Niceville-Valparaiso LL
 PO Box 764
 Niceville,FL 32588
 Make checks payable to:
 N.V.L.L.

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students must provide proof of insurance coverage for any injury or sickness while attending Doyle Baseball. I waive and release Doyle Baseball from any injury or illness incurred going to school from home or while at school or returning from school to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

PAYMENT INFORMATION

___ Check ___ Cash
 _____ Amount

Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. _____
 Policy Number _____
 Parent/Guardian Signature _____
 Student Signature _____