



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

**Doyle**  
Academy

www.doylebaseball.com

**BASEBALL  
SCHOOL**

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

**HOSTED BY Niceville-Valparaiso LL  
1<sup>st</sup> Annual Players' School**

**WE DO!**

**New Doyle BB Power Line Club**

The Club is for coaches, parents and players.  
To join – got to [doylebaseball.com/siebert](http://doylebaseball.com/siebert)  
Entitles you to weekly online instruction, drills, tips,  
and discounts on Doyle schools.

**Each Player Receives...**

- ✓ Professional written Evaluation in Hitting, Throwing & Fielding
- ✓ Professional Instruction from the game's Teaching Experts

**Dates:** Feb 12-13, 2005  
**Times:** Saturday: 9 - 3 pm Sunday: 1 - 5 pm  
**Ages:** 6-8, 9-10, 11-12, 13-&-Older  
**Location:** Twin Oaks Field on Hwy 85  
**Tuition:** Register by Feb 4 for Register After Feb 4 - \$85 discount rate - \$65  
**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 12-13, 2005**  
**Discount Tuition:**  
**\$65 per player**  
 (by Feb 4, 2005)  
**Late Tuition:**  
**\$85 per player**  
 (after Feb 4, 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 \_\_\_\_\_