



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

**Doyle**  
Academy

www.doylebaseball.com

**Pitching/Catching  
BASEBALL  
SCHOOL**

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

**HOSTED BY Niceville-Valparaiso LL  
2nd 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:** March 26, 2006

**Times:** Sunday 1 – 6 pm

**Ages:** 9-10, 11-12, 13-&-Older

**Location:** Majors LL Field on Hwy 85

**Tuition:** Register by Mar 20 for discount rate - \$35 Register After Mar 20 – \$55

**Special Notes:** Bring your own bat & glove.  
Optional Chapel Sunday at 12:30 pm

**For More Info. Call:** Will Howell  
(850) 314-0933 (eve)

**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  
Mar 26, 2006  
Discount Tuition:  
\$35 per player  
(by Mar 20, 2006)  
Late Tuition:  
\$55 per player  
(after Mar 20, 2006)**

Mail application & payment to:  
NVLL  
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 \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AmEx  
 Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Signature \_\_\_\_\_

**Acceptance of Accident Insurance Disclaimer Above**

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