



NVLL Baseball  
Clinic



# BASEBALL CLINIC

**The winning attitude is:  
Believing in Yourself!**

**HOSTED BY Niceville-Valparaiso LL  
Annual Spring Baseball Clinic**

Take the next development step

**Topics: Speed and agility, hitting, fielding,  
throwing and specialty areas**

**Presented by:**  
Kevin Berry, NHS Baseball Head Coach

**Dates:** Feb 2, 2008  
**Times:** Saturday 9 - 3 pm  
**Ages:** Groups divided by ages 6-8, 9-10, 11-12, 13-&-Older  
**Location:** Baseball: NHS Baseball Field "The Hill"

**Tuition:** Discount Rate - \$25      Late Rate - \$50  
Register by Jan 25, 2008      After Jan 25, 2008

**Special Notes:** Bring your own bat & glove.  
Bring tennis shoes for indoor use  
Bring own lunch

**For More Info. Call:** Walt Irvine  
850-376-9258

## BASEBALL CLINIC 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 \_\_\_\_\_  
Parent 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 (      ) \_\_\_\_\_  
Check one: Baseball \_\_\_\_\_ Softball \_\_\_\_\_

**Niceville, FL Feb 2, 2008**

**Discount Tuition: \$25 per player**  
(by Jan 25, 2008)

**Late Tuition: \$50 per player**  
(after Jan 25, 2008)

Mail application & payment to:  
NVLL  
PO Box 764  
Niceville, FL 32588

*Make checks payable to:  
NVLL*

### PAYMENT INFORMATION

\_\_\_ Check \_\_\_ Cash  
\_\_\_\_\_ Amount

### Acceptance of Accident Insurance Disclaimer

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