

2010 Homer Little League Winter Clinic Application

Player's Name: _____ Session # _____

Parent's Name: Mom: _____ Dad: _____

Address _____

City: _____ Zip: _____ Age (as of April 30, 2010) _____

Home # _____ Cell # _____ Emergency # _____

E-Mail address: _____

Player's Medical needs or Allergies: _____

T-Shirt Size (circle one) Youth: Sm.= 6-8 Med.= 10-12 Lrg.= 14-16 Adult: Sm. Med. Lrg. X-Lrg.

What field positions would you like to learn? (circle all that apply)

Catcher Pitcher 1st base 2nd base SS 3rd base Outfield

What would you like to learn or do at this year's Winter Clinic? _____

Remember in order to qualify for the free T-Shirt this application MUST be received by January 16, 2010.

The registration fee for the Winter Clinic is \$30.00 per player

We are looking for adult volunteers to help with the Winter Clinic. We need help with running the drills and help with signing in the kids each week. If you are available to help please fill out the below application. All adult applicants must also fill out a Little League Volunteer Application.

Adult Name: _____

I can help with:

_____ Registration before session # _____ on these dates: _____

_____ Help with drills for session # _____ on these dates: _____

Previous baseball experience (this will help us placing you in the best skills area):

2010 Clinic Dates: 2/13, 2/20, 2/27, 3/13, 3/20.

Clinic Times: Rookie(5-6 yr old) 2-pm-3pm, Diamond (7-8 yr. old) 2pm-3pm,
Vosburgh (9-10 yr. old) 2:45pm-4pm, Little League (11-12 yr. old) 3:45pm-5pm.

This application **MUST** be received by January 16 to qualify for the **FREE** clinic T-Shirt (players only), Make your \$30.00 (per player) check payable to Homer Little League and mail to:



Mike Egan
Att: Clinic Registration
1259 Lake Como Rd.
Cortland, NY 13045