

2010 KSU Winter Baseball Coaches Clinic Registration

Name: _____
Address: _____
City: _____ ST: _____ Zip: _____
Home Phone: _____
School/Summer
Team: _____
Email Address: _____

***This is How you will get your confirmation for camp!

Number of Coaches Attending _____ x \$30 = \$_____

***Please list the names of the coaches attending

IF you have 4 or more coaches attending the cost is \$20.00 per coach. 4=\$80.00 5=\$100.00 6=\$120.00

Total=_____

Check Number: _____ or to pay by credit card

Name on Credit Card: _____

Type of Card: _____

Credit Card Number: _____

Expiration date: _____

Please send information to:

Kent State University
Attn: Camps Department
Kent State Field House
2227 Summit Street
Kent, Ohio, 44240

Jweir5@kent.edu or fax to 330-672-5245