



Clippers Baseball Club

PO Box 497
Jefferson Valley, NY 10535
www.clippersbaseball.org

Winter Workout Application/Prospect Questionnaire:

Name: _____ Graduation Year: _____

Address: _____ DOB: ___/___/199__

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Your E-mail: _____

Parents E-mail: _____

Father's Name: _____ Mother's Name: _____

High School: _____ GPA: _____

H.S. Coach: _____ Ht: _____ Wt: _____

Previous Summer Team: _____ Throws: R L Bat: R L

Primary Position: _____ Secondary Position: _____ Cap Sz: _____ Shirt Sz: _____

I am interested in being considered for the World Yacht Clippers summer program.

Winter workouts will take place over an 8 week period with the first session on Jan. 8, 2012. There will be two sessions per meeting. Pitchers and catchers meet from 6pm – 7:30pm and position players meet from 7:30pm-9pm. You will be told what time to report.

With the exception of Super Bowl Sunday, all sessions will be on consecutive Sundays.

HARDBALL NY TRAINING CENTER
102 Fairview Park Drive
Elmsford, NY 10523 (914) 347-4700

There is a \$400.00 fee for the winter program which covers all eight sessions.

Please mail entire form and check payable to: **Clippers Baseball Club**
PO Box 497
Jefferson Valley, NY 10535

I give consent for my son _____ to participate in the World Yacht Clippers winter workout program.

Parent signature: _____