

UIC SOFTBALL WINTER CLINIC

NAME: _____ AGE: _____ HS GRAD YEAR: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CLUB TEAM/POSITION: _____

PARENT NAME/CELL PHONE: _____

I would like to attend:

_____ SESSION 1: HITTING

_____ SESSION 2: PITCHING CATCHING (circle position)

TOTAL ENCLOSED: _____ TSHIRT SIZE: ADULT S M L XL

Please send registration and payment to the following address: **DEADLINE Dec. 3**

UIC Softball Winter Clinic
839 W. Roosevelt Road
Chicago, IL 60608
Check payable to: Michelle Venturella, INC

****For discounted price of \$80 per athlete, send 7+ registrations together.**

Questions? Contact:

Amanda Scott, Assistant Coach
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312.413.5305

