



New Coach's Registration Form

Instructions:

- X Complete this form and mail it with your payment to the address at the bottom of the page.**
- X Once your order is received, you will receive a confirmation from the Instructor at the email you provided below.**
- X Payment is non-refundable, so please show up for the class scheduled.**
- X Payment must be received prior to the date given below, no exceptions.**
- X Fee for clinic - \$40.00 dollars per student.**

Today's Date: _____ **Clinic Date: April 20, 2017** Clinic Time: **6pm – 10 pm**

Location of clinic: **"CARLOCK FIELD" Thiem Ave. & Berdan Street.** City: **ROCHELLE PARK**

Sponsoring Agency: **ROCHELLE PARK BASEBALL**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Contact Number: _____

Check Number #: _____ Amount: \$ _____

**ALL REGISTRATION FORMS AND
CHECKS MUST BE RECEIVED PRIOR
TO APRIL 10, 2017.**

BOOKS MUST BE ORDERED FOR EACH STUDENT

Please mail this registration form along with your \$ 40.00 check to:

**Mark P. Azzolino
31 Lincoln Drive
Rochelle Park, NJ 07662**

Please make all checks payable to: Mark P. Azzolino