



FALL CLINICS

SEPTEMBER & OCTOBER 2008



SEPTEMBER



4- Week Clinic. Ages 7- 12. Available on Wednesday's 5:00pm-7:00pm
OR Friday's 6:30pm- 8:30pm. Cost: \$199.

<u>Clinic #8024 HITTING & FIELDING</u>			<u>Clinic #8014P PITCHING</u>			<u>Clinic #8014C CATCHING</u>		
	<u>Wednesday</u>	-or- <u>Friday</u>		<u>Wednesday</u>	-or- <u>Friday</u>		<u>Wednesday</u>	-or- <u>Friday</u>
Week 1-	Sept. 10	Sept. 12	Week 1-	Sept. 10	Sept. 12	Week 1-	Sept. 10	Sept. 12
Week 2-	Sept. 17	Sept. 19	Week 2-	Sept. 17	Sept. 19	Week 2-	Sept. 17	Sept. 19
Week 3-	Sept. 24	Sept. 26	Week 3-	Sept. 24	Sept. 26	Week 3-	Sept. 24	Sept. 26
Week 4-	Oct. 01	Oct. 03	Week 4-	Oct. 01	Oct. 03	Week 4-	Oct. 01	Oct. 03



OCTOBER



4- Week Clinic. Ages 7- 12. Available on Wednesday's 5:00pm-7:00pm
OR Friday's 6:30pm- 8:30pm. Cost: \$199.

<u>Clinic #8025 HITTING & FIELDING</u>			<u>Clinic #8015P PITCHING</u>			<u>Clinic #8015C CATCHING</u>		
	<u>Wednesday</u>	-or- <u>Friday</u>		<u>Wednesday</u>	-or- <u>Friday</u>		<u>Wednesday</u>	-or- <u>Friday</u>
Week 1-	Oct. 08	Oct. 10	<u>Friday</u>			Week 1-	Oct. 08	Oct. 10
Week 2-	Oct. 15	Oct. 17	Week 1-	Oct. 08	Oct. 10	Week 2-	Oct. 15	Oct. 17
Week 3-	Oct. 22	Oct. 24	Week 2-	Oct. 15	Oct. 17	Week 3-	Oct. 22	Oct. 24
Week 4-	Oct. 29	Nov. 07	Week 3-	Oct. 22	Oct. 24	Week 4-	Oct. 29	Nov. 07
			Week 4-	Oct. 29	Nov. 07			

Name: _____ D.O.B.: _____

Street: _____ Town: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

Parents Names: _____

I Will Attend September Clinic: #8024 #8014P #8014C on WED (5-7pm) OR FRI (6:30-8:30pm)

I Will Attend October Clinic: #8025 #8015P #8015C on WED (5-7pm) OR FRI (6:30-8:30pm)

4- Week September Clinic \$199. 4- Week October Clinic \$199.
Sibling Discount \$10.

Method of Payment:

- Check (Made Payable to P.B.I., Inc.)
- Visa\Mastercard
- American Express

Total Due: \$ _____

Card #: _____

Exp. Date: _____