

TOTTENHAM - BEETON



Pitcher Clinic Registration Form

Please Fill out the following form and email to admin@tbdmsa.ca

Male ___ Female ___

Have you ever pitched before? _____ How many years? _____

NAME: _____ Parent/Guardian: _____

ADDRESS: _____ Town/City: _____ Postal Code: _____

Phone: H) _____ W) _____ Email: _____

BIRTHDATE: day _____ month _____ year _____ Medical Concerns: _____

Please remember to bring indoor shoes, ball glove and a water bottle to the clinic.