



MOLSON



BASEBALL CLINIC REGISTRATION FORM

NAME: _____

AGE: _____

TEAM: _____

Positions:
played _____

Contact number: _____

Please return the registration form to your minor baseball organization. They will contact you to inform you of the schedule for the clinics.

All clinics will be held at the Sports Dome and will be from 6:00 to 7:30 PM.