

Father-Daughter Pitching Clinic

with Angela & Denny Tincher

REGISTRATION FORM

Athlete: _____

Age: _____

Righty or Lefty: _____ Years of Pitching Exp: _____

Team or League Name: _____

Team Coach: _____ Graduation

Year: _____

Name of School Attending: _____

Favorite School Subject: _____

T-Shirt Size: Youth SM Youth MED Youth LG Youth XLG Adult SM Adult MED Adult LG
Adult XLG

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Email
(Neatly!): _____

Emergency Contact: _____

Phone _____

**Clinic Liability/Waiver Form will need to be completed at check-in.*

Make Checks Payable to: TODAY'S FACES ACADEMY

Mail Checks to:

TODAY'S FACES ACADEMY

1000 Peachtree Industrial Blvd, Suite 6-

PMB#452

Suwanee, GA 30024

Mail-in Registration must be postmarked by 1/8/2010 for Early Registration Fee; Otherwise \$200 after 1/8/2010

Online registration available at www.todaysfacesacademy.com