

Fall/Winter Hitting Group Application
*Complete and return to the TK facility front desk or *tkballprograms@gmail.com**

Participant's Name			Please circle one	e: BASEBALL	SOFTBALL
Birth date	Age (must be 9 and up)	Summer Tear	m(s)		
Home Address					
City	State _	Zip	_ Home Phone		
Emergency Contact #1		_Cell/HomePhone	F	E-mail	
Emergency Contact #2		Cell/HomePhone		E-mail	
Participant's Allergies		Fitted Hat Size C	hild/Youth	S/MM/L	L/XL
Known Conflicts (September	er-February)				
Your child's hitting skill-lev	el at their current age (circl	le one) NOVICI	E INTER	MEDIATE	ADVANCED
		<u>AVAILABILITY*</u>			
Please list below to the best of List days and timeframes. The not a guarantee that a roster suchedule.	en, indicate your choices in the	ne order 1-3 (1 being y	our number 1 cho	oice timeslot). Fil	ling out this form <u>i</u>
		DAY / T	IME FRAME		
	CLAS	S INFORMATI	<u>ON</u>		
Class Description: This hitti more often. Players will learn		* *	·	·	
Program Length: September	er 2021 through February 202	2 (September Start da	te TBD once all i	nformation forms	s are reviewed)
Class length: Once a week for	or 1 hour # of	Players: 5	Teachers: Brian	Barca or Joel Del	l Rosario
Investment \$200 per 4 week	es due at the beginning of eac	h month			