

# Mike Snyder

## Group Pitching Classes – Application

Participant Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Method of Payment:

\_\_\_\_\_ Cash Amount Paid: \_\_\_\_\_

\_\_\_\_\_ Check DL/Check #: \_\_\_\_\_

\_\_\_\_\_ Credit Card Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC #: \_\_\_\_\_

If your child has suffered from a prior injury please explain: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_