



**REGISTER NOW!!!**  
**“SPRING TRAINING”**  
**February 2009**

**Indoor Hitting & Pitching Facility**

40 Londonderry Turnpike Bldg.2  
 Hooksett, NH 03106

**Telephone (603) 669-6128**

**Facsimile: (603) 669-6165**

**Website: *mvpbaseball-nh.com***

*“Self Esteem through Self Improvement”*

MVP Baseball Academy is now organizing its **“Spring Training Clinics”** as outlined in the attached Calendar of Events. Spring Training clinics will begin on Monday, February 2 2009. The sessions are scheduled for Monday, Wednesday of each week and will continue for four (4) consecutive weeks. Students will

participate in a total of **Eight (8)** clinic sessions for the price of \$100.00! Limited space is available for this special event and enrollment is on a first come -- first serve basis. Sign up now to insure your child a spot. **DEADLINE TO REGISTER for Spring Training is Wednesday, January 28, 2009.** For additional information, please call MVP at (603) 669-6128.

**Spring Training Clinic Schedule**

Age Group	Day	Time	Dates
10-12 year olds	Monday, Wednesday	6:00 p.m. - 7:00 p.m.	Mon: January 2, 9, 16, 23 Wed: January 4, 11, 18, 25
13-15 year olds	Monday, Wednesday	7:00 p.m. - 8:00 p.m.	Mon: January 2, 9, 16, 23 Wed: January 4, 11, 18, 25

**REGISTRATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Team or League Affiliation: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Emergency Telephone No.: \_\_\_\_\_

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

**Fee = \$100.00 per student as follows:**     Cash     Check \_\_\_\_\_ [Check No.]  
 Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please mail, fax or drop by your registration form along with the correct fees made payable to: MVP Baseball Academy, 40 Londonderry Turnpike Hooksett, NH 03106. Fees must be submitted before a student will be registered: Telephone Number: (603) 669-6128 ----- Facsimile: (603) 669-6165.**

**Parental Authorization**

I hereby authorize the staff at MVP Baseball Academy to act in their best judgment in any emergency situation requiring medical attention. I agree to waive and release MVP Baseball Academy and its staff from any and all liability for any injuries, losses or damage while attending an MVP Baseball Academy Program. I further state that the participant listed above is physically able to participate in the Program.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian