

20TH ANNUAL WO-BO BASEBALL CLINIC

2007 REGISTRATION FORM

****Please Register Early** (registration will also be accepted on the first day of both sessions)**

SESSION(S) ATTENDING:

_____ Session I: Perkins Field, Bridgeport (June 13, 14, 15) - \$60

_____ Session II: Valley Fork, Moundsville (June 18, 19, 20) - \$60

_____ BOTH Sessions - \$100

Family Discounts Available _____ Two members, per session - \$100

_____ Three members, per session - \$150

_____ Four members, per session - \$200

NAME _____ **AGE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

SHIRT SIZE: YM YL AS AM AL AXL AXXL

*****PLEASE CIRCLE CORRECT SIZE AND BE SURE TO BE ACCURATE AS ADJUSTMENTS CANNOT BE MADE.**

T-SHIRTS SPONSORED BY THE LAW FIRM OF GOLD, KHOUREY & TURAK.

PLEASE READ AND SIGN THE FOLLOWING RELEASE:

I, Parent/Guardian, approve of my child's participation in WO-BO's Clinic activities. I waive and release all rights and claims for damages I may have against the Clinic for any injuries suffered by my child in these activities. I attest and verify I have full knowledge of any potential risks involved.

SIGNATURE _____ **DATE** _____

Please Make Checks Payable to:
Steve Wojcik or Bo McConaughy
and mail to:

Steve Wojcik
112 Grant Avenue
Wheeling, WV 26003
242-0158

Bo McConaughy
33 Hurst
Wheeling, WV 26003
243-7633