

# 21st ANNUAL WO-BO BASEBALL CLINIC 2008 REGISTRATION FORM

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

**SESSION(S) ATTENDING:**

\_\_\_\_\_ Session I: I-470 Baseball Complex - Elm Grove (June 9, 10, 11) - \$60  
*Note: Elm Grove sessions are 9 a.m. - Noon*

\_\_\_\_\_ Session II: Valley Fork, Moundsville (June 11, 12, 13) - \$60  
*Note: June 11 session at Valley Fork is 1 p.m. - 3 p.m..  
June 12 and 13 sessions are 9 a.m. - Noon*

\_\_\_\_\_ 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 McConnaughy**  
and mail to:

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

Bo McConnaughy  
33 Hurst  
Wheeling, WV 26003  
243-7633