



Baseball/Softball Spring Training Warmup

Do you know how GOOD you can be?

Why settle for anything less – more development, better instruction, longer impact!

HOSTED BY: Putnam County Rec Open to all Area Players

Dates: Mar 24, 2012
Times: Saturday 12 - 5 pm
Ages: Groups divided by ages 6-8, 9-10, 11-12, 13-&-Older
Location: Poole Rec Center
Tuition: Discount Rate - \$45 Late Rate - \$65
 Register by Mar 16 After Mar 16
 Limited to 1st - 100

Special Notes: Bring your own bat & glove.
 Bring tennis shoes for indoor use

For More info. call: Stevie Young or Bill Waters
 (706) 485-8565

About Doyle Academy

Doyle Baseball was founded in 1978 by Denny Doyle and his twin brothers, Brian and Blake. Playing with and against the best, on pennant winners and World Series teams for a combined 30 years professional baseball experience, has helped lay the foundation for Doyle Baseball to develop its unique teaching methods, leading to the game's most innovative and respected training programs.

For future seasonal and summer academies, visit www.doylebaseball.com

DOYLE BASEBALL ENROLLMENT APPLICATION

Please print & complete all sections. Use one application per player.

Last Name: _____
 First Name: _____
 Street Address: _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Birth Date ____/____/____ Parent E-mail address _____ (for future updates)
 Mother or Guardian Name (first & last) _____
 Mother's Occupation _____ Work Phone () _____
 Father or Guardian Name (first & last) _____
 Father's Occupation _____ Work Phone () _____
 How did you hear about Doyle Baseball? _____

Eatonton, GA Mar 24, 2012		
Item	Amount	Amount due
Early Tuition (by Mar 16)	\$45	
Regular tuition	\$65	
Hot Dog Lunch	\$5	
T-shirt (circle size below)	\$15	
Youth med Yth Lrg/Ad Sm Adult med Adult large Adult XL		
	Total due	

Mail application & payment to:
 Putnam County Rec
 140 Recreation Rd
 Eatonton, GA 31024

Make checks payable to:
 Putnam County Rec

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students must provide proof of insurance coverage for any injury or sickness while attending Doyle Baseball. I waive and release Doyle Baseball from any injury or illness incurred going to school from home or while at school or returning from school to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

PAYMENT INFORMATION

Check Cash Visa MasterCard AmEx
 Card Number _____ Exp. _____
 Cardholder Name _____
 Signature _____

Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. _____
 Policy Number _____
 Parent/Guardian Signature _____
 Student Signature _____