

# San Diego State Holiday Hitting/Pitching Clinic Registration Form



*Please circle the clinic you would like to attend:*

*Hitting*

*Advanced Pitching*

*Both*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

*Please fill out this form and send payment of \$75 per clinic to:*

**Jennifer Milo**  
**Assistant Softball Coach- San Diego State Univ.**  
**5500 Campanile Drive.**  
**San Diego, CA 92120-4313**