

SHOWCASE REGISTRATION FORM

Form must be accompanied by **Credit Card** or **Check** made out to: **Sal Agostinelli ML Baseball Camp**
Mail your form and your payment to: SAL AGOSTINELLI, PO BOX 18 KINGS PARK, NY 11754

PERSONAL INFORMATION:	Name:
Address:	City, State, Zip:
Phone #:	Email Address:
Age:	Date of Birth:
Weight:	Height:
SCHOOL INFORMATION:	High School:
Graduation Year:	SAT (Math, Verbal, Essay):
GPA:	ACT SCORE:
COACH INFORMATION:	HS Coach Name & Phone #:
Summer League:	Summer Coach Name & Phone #:
Primary Position:	Secondary Position:
Bats: (Right , Left , Switch)	Throws: (Righty , Lefty)

High School Statistics Hitting
H.S.: AB
H.S.: Hits
H.S.: Avg.
H.S.: RBI
H.S.: Runs
H.S.: HR
H.S.: SB
H.S.: BB

<input type="checkbox"/> PAY BY CHECK -or- <input checked="" type="checkbox"/> <u>PAY BY CREDIT CARD</u>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Name, as it appears on card
Credit Card number
Expiration date

Please record your total here:

\$

High School Statistics Pitching
H.S.: W-L
H.S.: ERA
H.S.: H
H.S.: BB
H.S.: K
H.S.: IP

FOR MORE INFORMATION, CALL: (631) 366-1800