



**Baseball & Softball Membership Application**



Parent Name: \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail (1): \_\_\_\_\_ E-Mail (2): \_\_\_\_\_

Telephone: Home - \_\_\_\_\_ Work - \_\_\_\_\_ Mobile - \_\_\_\_\_

Emergency Contact: Name - \_\_\_\_\_ Phone - \_\_\_\_\_

<b>Membership Plan</b>	<b>Grand Slam 12 Months</b>	<b>Homerun 6 Months</b>	<b>Triple 3 Months</b>
<b>Cage Time</b>	15 Tokens Per Day	10 Tokens Per Day	10 Tokens Per Day
<b>Clinics</b>	10% Off	10% Off	10% Off
<b>Tunnel Rentals</b>	25 % Off	25 % Off	25 % Off
<b>Total</b>	<b>\$595.00</b>	<b>\$395.00</b>	<b>\$225.00</b>
<b>1 Additional Sibling</b>	\$240	\$200	\$120
<b>2 Additional Sibling</b>	\$150	\$125	\$75

<b>Membership Plan Start / Stop Dates</b>	<b>Grand Slam 12 Months</b>	<b>Homerun 6 Months</b>	<b>Triple 3 Months</b>	<b>Payment CC / CK / CASH</b>
	<b>\$595.00</b>	<b>\$395.00</b>	<b>\$225.00</b>	
<b>1 Additional Sibling</b>	\$240	\$200	\$120	
<b>2 Additional Sibling</b>	\$150	\$125	\$75	
<b>5.5% Sales Tax</b>				
<b>Total</b>				

**RECEIPT AND ACKNOWLEDGEMENT**

I (we) understand the Hitters membership is valid and binding beginning and ending on the membership start date located on the member's membership card.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian (If Under 18) Signature

\_\_\_\_\_  
Date