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**APPLICATION FORM FOR BEEBALL CLINIC**

**PLEASE FILL IN THIS FORM AT THE RED “x”**

Contact person Name: **x**

Federation: **x**

**PLEASE COPY THIS PAGE AND SEND IT TO EMAIL-ADDRESS**

[beeball@baseballeurope.com](mailto:beeball@baseballeurope.com)

Date Prefered weekend (1) **x**

Date Prefered weekend (2) **x**

Date Prefered weekend (3): **x**

Location for clinic (Address): **x**

**z**

Location for clinic (Name): **x**

Participating Teams (minimum 3 teams/6 children: **x**

Participating Adults: **x**

Field or Sportshall available: **x**

Country: **x**

Zipcode: **x**

Address + No.: **x**

Telephone Contact: **x**

Email Contact: **x**