



2009-10 Winter Baseball Workout Signup Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

Email: _____

Payment Method: Check Credit Card Other

Amount: \$ _____

Credit Card #: _____ Exp Date: _____

Name On Card (print): _____

I Authorize Hardtke World of Baseball to charge my credit card.

Signature: _____

Player Fee: \$129.00 per month

Due by 10/20 for Nov/Dec session

Due by 12/4 for Dec/Jan session

Make check payable to: HWOB
Mail to: P.O. Box 320400, Los Gatos, CA 95032
FAX (408) 866-8050

Cancellation Policy:

Any cancellation is subject to a \$50.00 cancellation fee. No refunds will be made once payment has been received.