

ALL LESSONS HELD AT
SPORTZONE
In Topeka

SBA

Smith Baseball Academy

MAIL FORMS TO:
Smith Baseball Academy
2441 SW Pepperwood Cir.
Topeka, KS 66614

Ages 7—Adult

REGISTRATION:

**please fill out information completely*

Student Name: _____ Birth Date: ____ / ____ / ____ Age: ____ Today's Date: _____
Male / Female (circle) School: _____ Grade: ____ Baseball/Softball Position(s): _____
Summer Team: _____ Summer League: _____ Coach: _____
Bats: right / left / both (circle) Throws: right / left (circle) Parent(s) Name: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-mail(s): _____

Discipline Requested:

**check circle (only one discipline per lesson)*

- Hitting (students provide bat) Fast-pitch Softball Hitting (students provide bat)
 Pitching (students provide catcher) Fast-pitch Softball Pitching (students provide catcher)
 Fielding / Throwing (students provide glove) Other (please specify): _____
 Catching (students provide catcher's gear & mitt)



INSTRUCTION PACKAGES:

choose your INSTRUCTION PACKAGE

Private Lessons: (1 instructor / 1 student)

**check circle of preferred package*

HALF HOUR LESSONS—30 minutes

Single Session Rate:

- 30—Minutes: \$35

30-Minute Session Packages:

- Package 1: 4 sessions for \$120
 Package 2: 6 sessions for \$175
 Package 3: 8 sessions for \$225
 Package 4: 10 sessions for \$270
 Custom Package (list details): _____

example: 3 lessons for \$90

**If student is absent, the first make-up is no charge. A second absence will not be refunded and a make-up will be charged at normal rate*

Team/Group Clinic:

(multiple instructors / minimum 8 students)

**check circle of registering clinic*

- 1-Hour Group Clinic: \$25 ea. student
 2-Hour Group Clinic: \$45 ea. Student

Date of Clinic: _____

Time of Clinic: _____

**Registration is not active & your attendance is not guaranteed until full payment has been received by SBA. If payment is mailed & the clinic fills prior to receipt of payment, SBA can give you a full refund OR apply your payment toward a future clinic.*

**NO REFUND for a missed clinic—NO MAKE-UP for a missed clinic*



PAYMENT INFORMATION:

Check: Payable to Smith Baseball Academy

Credit Card: Visa MasterCard Discover

Card # _____

Exp.(MM/YY): _____ 3-digit Code (on back) _____

Name (as it appears on card) _____

Signature:(cardholder) _____

***3% processing fee added with Credit Card payment**

TOTAL FEE: \$ _____



ALL LESSONS HELD AT:
SportZone
3929 SW Burlingame

QUESTIONS?
info@smithbaseballacademy.com
(785) 272-8567