



BASEBALL FUN

AT THE

SANDLOT Incoming 1st - 5th Graders



651-621-7400

The program is open to any student entering grades 1 – 5 interested in baseball, and is designed to enhance their baseball skills and provide enjoyment with the game of baseball – through structured and supervised activity with an emphasis on **fun!** The program is run by Mounds View High School Coach, Mark Downey.

The program is similar to **Baseball Fun at the Sandlot** program for 6th – 12th grade students; it differs in that this program for the younger students will provide more structured activity each day. Each day will provide some baseball drills to improve student's skills, as well as a game(s) of some kind. The program is **flexible** – you show up on days that you want. The program will be at the **Mounds View High School Baseball field**, and will provide baseballs, batting tees, and other baseball instructional/training equipment. Students should bring a baseball glove, and a bat if they want to. Participants will receive a camp t-shirt, included in fee. **No camp June 30—July 4**

Register by May 15—pay \$45, After May 15 \$55
June 9—July 10 Mon—Thurs 11 am—Noon
Mounds View High School Baseball Field
Activity Code: S14-BBFA

3 EASY WAYS TO REGISTER!

Pre-registration and payment is required Do not send the registration to school, use one of the methods below: (No phone registrations)

1. **Register on-line at** : www.moundsvIEWSchools.org/comm_edu/youth_programs.asp
2. **Fax** your registration form with credit card information to: 651-621-7405
3. **Mail to**: PLEC—Community Education, 2101 14th Street NW, New Brighton, MN, 55112 –Youth Programs

Baseball Fun at the Sandlot—Incoming 1st—5th graders

Course #: S14—BBFA

Fee: \$45, After May 15 \$55

Please print clearly

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent name: _____

Indicate t-shirt size: Youth: XS S M L Adult: XS S M L XL

Parents Email: (confirmations will be sent via email only): _____

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Special Needs/Allergies: _____

Fee: Register by May 15—\$45, after May 15 \$55 Cash Check # _____ (payable to ISD 621)

Charge my: Visa MasterCard Discover

Card #: _____ Expiration Date: _____ 3 Digit CVN Code: _____

Card Holders Signature (required) _____

Card Holders Name as it appears on credit card (required-please print) _____

Cancellation/Refund policy: All cancellations and refunds must be requested a minimum of five business days before the start of class

No refunds or credit vouchers will be given on or after the start of class.