







PRESENTS TWO SOFTBALL CLINICS

All clinics are located at 360 FPS in Fairfield, NJ.

SYRACUSE UNIVERSITY		
 <p style="text-align: center; font-weight: bold; margin-top: 5px;">Coach Ross</p>	<p style="font-size: 1.2em;">January 21</p> <p>11 a.m. to 2 p.m.</p> <p style="font-weight: bold;">All-Skills Clinic</p>	
<p>Cost \$120</p>		

DELAWARE UNIVERSITY		
 <p style="text-align: center; font-weight: bold; margin-top: 5px;">Coach Wohlbach</p>	<p style="font-size: 1.2em;">January 28</p> <p>All-Skills Clinic</p>	<p>9 a.m. - 12 p.m.</p>
<p>Cost \$120</p>		
<p style="font-size: 1.2em;">January 28</p> <p>Catching Clinic</p>	<p>1:30 p.m. - 3:30 p.m.</p>	
<p>Cost \$75</p>		

Make checks payable to: **360 FPS, Inc.**/e-mail: Rob@NJ360Fitness.com with any questions or call 1-877-787-0360.

Name _____

Address _____

Age _____ Grade _____ Gender _____

Phone (H) _____ Cell _____ E-mail _____

Check # _____ Credit Card Visa MC Discover

Account No. _____ Date _____

360FPS, Inc. assumes no liability and is merely providing a facility for the use stated above. In consideration for this privilege, participants (and/or parents/legal guardians) agree to hold **360** harmless, its officers, owners, staff property owners and all others as may be deemed to be an agent of **360** from all liability, negligence, claims, demands and damages which may result from participation at the **360** facility.

Parent /Guardian Signature _____ Date _____