

# BASEBALL SOLUTIONS

phone: 512-844-8105 fax: 512-441-8366 PO Box 40192 Austin,Tx 78704

## 16U Fall High School Underclassman – Sunday double header Wood Bat Varsity Prep Series Series Incoming freshman & sophmores

**\$275 per event**

\*subject to \$50 registration deadline late fee

Current copy of certificate of insurance required upon registration

### Registration

League registration: Varsity Prep League Team name: \_\_\_\_\_ Fee \$1500

OR

Date: \_\_\_\_\_ Event: \_\_\_\_\_ Team name: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_ Team name: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_ Team name: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_ Team name: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

### Contact info

name: \_\_\_\_\_ phone # \_\_\_\_\_

e-mail \_\_\_\_\_

### Credit Card Authorization

I/We, \_\_\_\_\_, have a financial obligation to Baseball Solutions in the amount of \$ \_\_\_\_\_ for the above baseball events and I/We authorize *Player*

*Development Strategies, DBA Baseball Solutions* to debit my credit card in the amount of \$ \_\_\_\_\_ to satisfy the amount owed.

VISA MC AMEX Card# \_\_\_\_\_ exp: \_\_\_\_\_ zip: \_\_\_\_\_

X \_\_\_\_\_ date \_\_\_\_\_

Authorization signature

Fax to 512.441.8366