

2015 LITTLE LEAGUE SOFTBALL COACHES CLINIC

REGISTRATION FORM

- Please return this form to the Little League Office in Kutno, Poland by e-mail: Europe@littleleague.org and CC to secretary@europeansoftball.org, or by fax +48(24) 254 4571, or mail to Little League Baseball and Softball, Al. Małej Ligi 1, 99-300 Kutno, Poland **by July 10, 2015.**
- Registration forms will be accepted on first come, first served basis.
- Little League Softball will provide housing at Little League dormitories and meals according to the clinic schedule.
- By signing this form, I confirm that I am 18 or older.

PLEASE PRINT CLEARLY

Your name:

Address:

Tel.:E-mail:

I plan to attend (please check one): First session (24-26 July) Both sessions (24-28 July)

Date and time of your arrival to Kutno:.....

Date and time of your departure from Kutno:

Years of experience as softball coach:.....

What are your greatest needs for clinic instruction:

.....

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Your signature:.....

Date:.....

Please note that you will receive more information about the clinic together with confirmation of your participation from the Little League office in Kutno, Poland.