

Sign Up TODAY!

Winter Clinics

LITTLE LEAGUE

Beginners: 7 to 9 Years old

Hitting: Tuesdays 6:00 - 7:00pm

Clinic #LL 101 1/31, 2/7, 14, 21

Clinic #LL 102 2/28, 3/6, 13, 20

Pitching: Saturdays 2:45 - 3:45pm

Clinic #LL 103 2/4, 11, 18, 25

Clinic #LL 104 3/3, 10, 17, 24

Intermediate: 10 to 12 Years old

Hitting: Wednesdays 6:00 - 7:00pm

Clinic #LL 105 1/11, 18, 25, 2/1

Clinic #LL 106 2/8, 15, 22, 29

Clinic #LL 107 3/7, 14, 21, 28

Pitching: Wednesdays 7:00 - 8:00pm

Clinic #LL108 1/11, 18, 25, 2/1

Clinic #LL109 2/8, 15, 22, 29

Clinic #LL110 3/7, 14, 21, 28

Hitting & Fielding

Little League

Combo Fielding & Hitting

10 Weeks 90 min. Each Week!

Sundays 1/8 - 3/11

9:00 - 10:30am

\$315 If You Register Before

December 30, 2011

330.00 After The 30th

Clinic #HFC400

Register Today!

This Clinic SOLD OUT Quickly Last Year!

Hitting & Fielding

13 and 14 yr. Olds

This Clinic will focus on the 13 and 14 year old looking to fine tune their skills in order to contribute more to their High School, Town and Travel Teams. YOU WILL WORK during these sessions and YOU WILL IMPROVE!

10 Weeks 90 min. Each Week!

Tuesdays 1/10 - 3/13

7:00 - 8:30pm

\$315 If You Register Before December 30, 2011

\$330.00 After The 30th

Clinic #HFC1000

High School

POWER HITTING

Chalk sessions with "Live Hitting" and intense instruction. Sign up for 1, 2 or all 12 sessions! You will receive Individualized Training within a small group of High School Players.

Mondays 8:00 - 9:15pm

PH200 1/16, 23, 30

PH201 2/6, 13, 20

PH202 2/27, 3/5, 12

Saturdays 5:15 - 6:30pm

PH203 3/10, 17, 24

Lefty's Registration Form

Name: _____ D.O.B.: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

E-Mail Address: _____ @ _____

Please register my son / daughter for the following clinics. I understand that there will be NO cash refunds. Any participant missing an entire clinic will be issued a Lefty's Credit minus a \$30.00 administration fee. No refunds for missing single clinic dates. No Make up sessions. Please use a separate form for each participant.

All 4 week LL Clinics - please include \$130.00 / 10 Week Clinics - please include \$310.00

High School Power Hitting - Please include \$95.00 per 3 week session

Parent/Guardian Signature _____

PAYMENT MUST BE INCLUDED

Clinic #: _____ Clinic #: _____

Method of Payment: Cash Check MC Visa Amex Card#: _____

Mail checks to: Lefty's Sports Academy
840 Bloomfield Ave., Clifton, NJ 07012

Exp. Date: _____ Billing Zip Code: _____