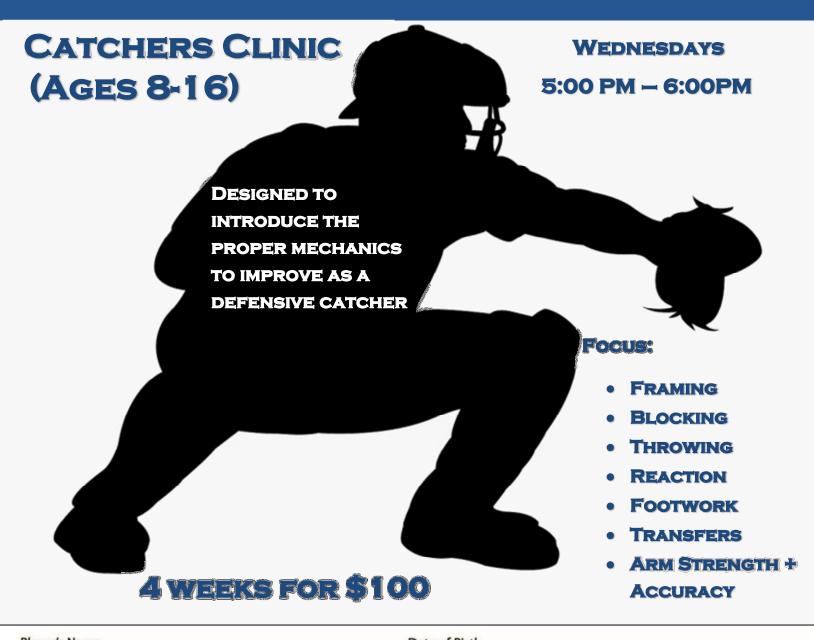
THE CAPITAL REGIONS PREMIER INDOOR BASEBALL AND SOFTBALL
TRAINING FACILITY.





Address		Date of Birth		
		Parent(s) Name		
City	State Zip	Phone Number		
Emergency Phone Number		Email Address	Email Address	
REGISTER MY PLAYER FOR: SESSION(S) ON days		Total Payment \$	CONTEN DADE	

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