



**Baseball**  
 Wendeslstedt Clinic  
 Nov. 7th - Nov. 8th  
**Registration Form**

Attach jpeg or similar digital photo here. Make it fit as much of the area as possible, but do not extend past the border or distort the photo. If photo is not attached, registration will not be accepted.

Name:

City:

State:  Zip:

Phone #: Home

Cell

Email:

Cost: \$150

Payment Type: Check                      Venmo      PayPal

|   |                          |   |
|---|--------------------------|---|
|   |                          |   |
| Clinic Options: Please indicate your attendance dates. Put a X on all dates you can attend.   | Nov. 8th Sat. 10:00-6:00 | <input style="width: 50px; height: 20px;" type="checkbox"/> |
|   | Nov. 9th Sun 9:00-1:00   | <input style="width: 50px; height: 20px;" type="checkbox"/> |
|   |                          |   |
| <b>Hotel Options:</b> Please indicate if you would like a room only for you, shared room with another, two others, or three others. If you have preferred roomates please list name(s). <b>Rates:</b> \$120 single occupancy , \$60 double occupancy, \$40 three occupancy, \$30 four person occupancy. | I will need a hotel room | <input style="width: 50px; height: 20px;" type="checkbox"/> |
|   | # of Roomates            | <input style="width: 50px; height: 20px;" type="text"/>     |
|   | Number of nights         | <input style="width: 50px; height: 20px;" type="text"/>     |
|   |                          |   |

To complete this registration please send this registration form to:  
 PSOA 7001 N 153rd St. Bennington NE 68007 or e-mail form to:  
 psoa@premiersportsofficials.com by Oct. 16th 2020.