



Baseball Summer Training – Atlanta Area

Take the next step of development – ALUMNI RATE \$40 OFF

Topics: GAMES, Hitting, fielding, throwing and specialty areas

HOSTED BY: **DOYLE ACADEMY**

Open to all Area Players

Dates: June 7-11, 2010
Times: Mon – Thurs 9 – 3 pm, Fri 9 am - Noon
Ages: Groups divided by ages 6-8, 9-10, 11-12, 13-&-Older
Location: Kiwanis BB Fields
 960 Redwine Rd Fayetteville, GA
Tuition: Alumni Rate - \$185 by May 21
 Discount Rate - \$205 Register by May 28
 Regular Rate - \$225 after May 28
NO REFUNDS
Special Notes: Bring your own bat & glove.
 Bring tennis shoes for indoor use
 Concessions Available
 Optional Chapel Tues - Fri 8:30 am
For More info. call: Doyle Academy
 865-560-8765

About Doyle Academy

Doyle Baseball was founded in 1978 by Denny Doyle and his twin brothers, Brian and Blake. Playing with and against the best, on pennant winners and World Series teams for a combined 30 years professional baseball experience, has helped lay the foundation for Doyle Baseball to develop its unique teaching methods, leading to the game's most innovative and respected training programs.

For future seasonal and summer academies, visit www.doylebaseball.com

DOYLE BASEBALL ENROLLMENT APPLICATION

Please print & complete all sections. Use one application per player.

Last Name: _____
 First Name: _____
 Street Address: _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Birth Date ____/____/____ Parent E-mail address _____ (for future updates)
 Mother or Guardian Name (first & last) _____
 Mother's Occupation _____ Work Phone () _____
 Father or Guardian Name (first & last) _____
 Father's Occupation _____ Work Phone () _____
 How did you hear about Doyle Baseball? _____

Atlanta,GA June 7-11, 2010		
Item	Amount	Amount due
Alumni Rate (May21)	\$185	
Early Tuition (by May 28)	\$205	
Regular tuition	\$225	
T-shirt (circle size below)	\$15	

Youth med	Yth Lrg/Ad Sm
Adult med	Adult large Adult XL

Total due

Mail application & payment to:
 Doyle Academy
 2574 Maple St
 Snellville, GA 30078

Make checks payable to:
 Doyle Academy

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students must provide proof of insurance coverage for any injury or sickness while attending Doyle Baseball. I waive and release Doyle Baseball from any injury or illness incurred going to school from home or while at school or returning from school to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

PAYMENT INFORMATION

____Check ____Cash ____Visa ____MasterCard ____AmEx
 Card Number _____ Exp. _____
 Cardholder Name _____
 Signature _____

Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. _____
 Policy Number _____
 Parent/Guardian Signature _____
 Student Signature _____

