



Baseball FUNdamentals School Clinic Application

School Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Contact Name: _____

Contact Office Phone Number: _____ Contact Cell Phone Number: _____

Email Address: _____

Total number of students in school: _____

Number of students per grade:

K___ 1st___ 2nd___ 3rd___ 4th___ 5th___ Other___

Does your school have a designated gymnasium? Yes/No If no, what does your school use? _____

What time does the 1st hour class begin? _____

How many classes/periods does your school utilize? _____

What time does the schools lunch program begin? _____

What time does the last class end? _____

Please select four dates that work with your schools schedule. Prioritize dates requested with your first choice.

1st _____ 2nd _____ 3rd _____ 4th _____

Please email, mail or fax your Baseball FUNdamentals Form to:

Baseball FUNdamentals School Clinic
C/O Samuel D. Abrams
2100 Woodward Avenue
Detroit, MI 48201
Fax: (313) 471-2297
Email: sam.abrams@detroitigers.com

For Office Use Only

School type: _____ Event Date: _____

Coaching Support: _____ Team: _____ Phone: _____