



4940 Auto Center Blvd.  
Bremerton, WA 98312  
[www.performancebaseballcenter.com](http://www.performancebaseballcenter.com)  
**Phone: 360-473-1631**

## Clinic Sign up Sheet

Players Name: \_\_\_\_\_ Player Age: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
Clinic Dates: \_\_\_\_\_

Payment information:

Please mail a check to:

WHPBC  
PO Box 4843  
Bremerton, WA 98312

Or Call in a credit card order to 360.473.1631

Please fax registration form to 360.792.9394 or email to [mreese@westhillsvipers.com](mailto:mreese@westhillsvipers.com).

Thanks,

Performance Baseball Center