**BOMB SQUAD BASEBALL ACADEMY**

SUMMER 2018 DOMINICAN REPUBLIC MLB SHOWCASE REGISTRATION

 The application needs to be filled out fully. Please print and mail in along with copies of the passports of the participants and accompanying parents and a deposit check for $300 to Bomb Squad Baseball Academy LLC 19355 NE 10th Ave , 212 Miami Fl 33179. The full balance is to be paid in full no later than 60 days before departure.

 To minimize credit card charge fees, mailing the checks are preferable. Online payments are also available at paypal.me/bsbaseballacademy. We are kindly asking to use the “send to friends and family” option to avoid any unnecessary fees.

 Any questions please call (786)859-9632 or email bombsquadbaseballacademy@gmail.com

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| --- | --- |
| Participant’s first name : | Participant’s last name: |
| Participant’s Birthday: | Attended Trip number: |
| Phone number: | Email address:  |
| Alternative phone number: | Alternative email address: |
| Full Home address: |  School : |
| Primary position: | Secondary position: |
| T-Shirt size: | Short size: |
| Hat size: |  |
| 1st Attending parent full name: | 1st Attending parent birthday: |
| 1st Attending parent email address: | 1st Attending parent phone number: |
| 2nd Attending parent full name: | 2nd Attending parent birthday: |
| 2nd Attending parent email address: | 2nd Attending parent phone number: |

NAME OF THE PERSON FILLING OUT THE APPLICATION

(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_