

WHY BRING YOUR TEAM TO PLAY FALL BASEBALL?

**MUST REGISTER YOUR TEAM NO LATER THAN AUGUST 6 TO GET TEAM DISCOUNTS
TEAM REGISTRATIONS MUST BE TURNED IN BY COACH WITH ONE PAYMENT**

Our League Trains The Players

So They Can Be Competitive In The Games

- **FREE** Cage Membership For Each Player
- **FREE** Weekly Hitting Circuits w/ SZ Trainers
- **FREE** Weekly Flat Ground Bullpen Sessions w/ SZ Trainers
- **FREE** Speed & Agility Sessions w/SZ Trainers
- **FREE** All Skills & Pitching/Catching Clinics
- **FREE** Coach's Handbook/Playbook For Head Coach

SPECIAL DISCOUNTS ON TEAM EQUIPMENT!

REGISTRATION SIGN-UP PRICE FOR LEAGUES	INDIVIDUAL	PARTIAL TEAM	FULL TEAM
ROOKIE DEVELOPMENT <input type="checkbox"/> 4-6 DIVISION <input type="checkbox"/> 7-9 DIVISION	\$ 175	\$150 PERPLAYER	\$1800
COMPETITIVE LEAGUE <input type="checkbox"/> 9-10 DIVISION <input type="checkbox"/> 11-12 DIVISION <input type="checkbox"/> 13-14 DIVISION <input type="checkbox"/> 15-16 DIVISION	\$ 240	\$210 PERPLAYER	\$ 2730
<input type="checkbox"/> 16 UP WOOD BAT LEAGUE INCLUDES FREE WOOD BAT	\$ 270	\$240 PERPLAYER	\$ 3120

CALL (402) 398-1238 TO REGISTER OR SEND FORM TO STRIKE ZONE 2900 SOUTH 110th STREET OMAHA, NE 68144 or FAX (402) 399-2019

DEADLINE DATE TO REGISTER AS FULL OR PARTIAL TEAM IS AUGUST 6

Partial Team Special Rates

A partial team consists of 6 or more.

Please use
registration of back.

Full Team Special Rates

- Rookie Development (13 Players = full team)
- *Competitive League (13 Players = full team)
- *16 Up Wood Bat League (13 Players = full team)
- * By paying Full Team Price, you can fill your roster with as many players as you wish up to 13)

Coach: _____
 Email: _____
 Address: _____ City: _____
 ST: ___ Zip: _____ Team Name & Age: _____
 Home #: _____ Cell#: _____

PAYMENT METHOD

Cash Check Visa MC Disc AMEX

Exp Date _____ 3 digit V-Code _____

Signature: _____



PLEASE FILL OUT PLAYER REGISTRATION FORM ON BACK

Please see website www.strikezoneomaha.com for Cancellation & Release Policy.

Name: _____ Age: _____
Phone #: _____ Email: _____
Address: _____ City: _____ St: ___ Zip: _____
Position1: _____ Position 2: _____
Parents Release Signature: _____

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Address: _____ City: _____ St: ___ Zip: _____
Position1: _____ Position 2: _____
Parents Release Signature: _____

PAYMENT METHOD: Cash Check Visa MC Disc AMEX

Coach's Name: _____

Coach's Phone Number: _____

Coach's Email: _____

Card No _____

Exp Date _____ 3 digit V-Code _____



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