

2024 Pro Scout Hitting Clinics At The Ruffnecks Hitting Facility

Sunday, December 15 (1 Day Session)
Sunday, December 22 (1 Day Session)
Sunday, December 29 (1 Day Session)

Group Times 8:30AM and 10:30AM

Enrollments are limited to 12-14 players per Group. Sessions will be assigned by age and experience.
Groups will be assigned prior to the sessions and posted on Ruffnecks Website.

Wood Bats ONLY

COMPLETE THE INFORMATION BELOW:

Name of Player: _____ Team/Age _____

Phone Contact: _____ Email: _____

Circle the appropriate: Bats: R L Both

School you currently attend. _____ Graduation Class/Grade: _____

Select the Clinic(s) you wish to register for:

- | | | | |
|-------|----------------------------------|-------|-----------------|
| _____ | December 15: 1 Day Session | \$90 | |
| _____ | December 22: 1 Day Session | \$90 | |
| _____ | December 29: 1 Day Session | \$90 | |
| _____ | Any TWO sessions (check above) | \$150 | (\$30 Discount) |
| _____ | All THREE sessions (check all 3) | \$230 | (\$40 Discount) |

Total Payment Enclosed (Checks ONLY) _____

Waiver and Release

Parental signature required for players under 18 years old. The parent hereby releases the MLB Scouts, instructors, and the New England Baseball Club from any liability with regard to participation in these clinics.

Parent/Guardian signature: _____

Send Payment To:

New England Baseball Club

P.O. Box 920079

Needham, MA 02492

Phone: (781) 400-1959 (Leave a message)

Email: neruffnecks@gmail.com

Note: Non-Ruffnecks Players may inquire/register, and will be considered on a Space-Available basis if there are openings. Payments will not be processed until enrollment is confirmed.

2024 Gedman Catching Clinics At The Ruffnecks Hitting Facility

Tuesdays

November 19 thru December 28

Session Times 5:30PM and 6:30PM

Enrollments are limited to 4-6 players per Session (Catching Pairs).

Sessions maintain Player/Coach Ratio of 4:1

Players May Register for One or More Sessions per Week

COMPLETE THE INFORMATION BELOW:

Name of Player: _____ Team/Age _____

Phone Contact: _____ Email: _____

Age: _____ Graduation Class: _____

School you currently attend. _____ Graduation Class/Grade: _____

Select the Sessions to register (*Preferred times not guaranteed. Driving Distance considered*):

___	November 19:	\$50	Preferred time: ___ 5:00 ___ 6:30
___	November 26:	\$50	Preferred time: ___ 5:00 ___ 6:30
___	December 3:	\$50	Preferred time: ___ 5:00 ___ 6:30
___	December 10:	\$50	Preferred time: ___ 5:00 ___ 6:30
___	December 17:	\$50	Preferred time: ___ 5:00 ___ 6:30
___	December 31 ** (Afternoon)	\$50	Preferred time: ___ 1:00 ___ 2:30

***All 6 Sessions: \$275**

Total Payment Enclosed (Checks ONLY) _____

Waiver and Release

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Parent/Guardian signature: _____

Send Payment To:

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P.O. Box 920079

Needham, MA 02492

Phone: (781) 400-1959 (Leave a message)

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Note: Payments will not be processed until enrollment is confirmed.