



Winter Workouts

ELITE BASEBALL DEVELOPMENT PROGRAM

REGISTRATION FORM

PLAYER INFORMATION

First Name: _____

Last Name: _____

Date Of Birth: _____

Age: _____

Birth Year: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Position: _____ Price \$800 Per Month

CONTACT INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

PROGRAM INFORMATION

NO TEAM. NO SHORTCUTS. JUST DEVELOPMENT.



ASTOR BASEBALL COMPLEX
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BRONX, NY 10469



ASTOR
BASEBALL LEAGUE



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