



America's
Finest
Academy
is Coming to
Your Area!



www.doylebaseball.com/siebert

**BASEBALL/
SOFTBALL
SCHOOL**

**The winning attitude is:
Believing in Yourself!**

**HOSTED BY Heflin PARD
Annual Spring Players' School**

Take the next development step

Reach up for something higher!!
For future seasonal and Summer
Academies visit:

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About Doyle Academy

Doyle Baseball was founded in 1978 by Denny Doyle and his twin brothers, Brian and Blake. Playing with and against the best, on pennant winners and World Series teams for a combined 30 years professional baseball experience, has helped lay the foundation for Doyle Baseball to develop its unique teaching methods, leading to the game's most innovative and respected training programs.

Dates: April 5, 2008
Times: Saturday 9 – 3 pm
Ages: Groups divided by ages 6-8, 9-10, 11-12, 13-&-Older
Location: Heflin Rec Center
Tuition: Discount Rate - \$40 Late Rate - \$60
Register by Mar 28 After Mar 28
Special Notes: Bring your own bat & glove.
Bring tennis shoes for indoor use
For More Info. Call: John Swafford
(256) 463-5434

DOYLE BASEBALL ENROLLMENT APPLICATION

Please print & complete all sections. Use one application per player.

Last Name _____
First Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone () _____
Birth Date ____ / ____ / ____ Age _____
Parent E-Mail Address _____ (for future updates)
Mother or Guardian Name (first & last) _____
Mother's Occupation _____ Work Phone () _____
Father or Guardian Name (first & last) _____
Father's Occupation _____ Work Phone () _____
How did you hear about Doyle Baseball? _____

Heflin, AL Apr 5, 2008
Discount Tuition: \$40 per player
(by Mar 28, 2008)
Late Tuition: \$60 per player
(after Mar 28, 2008)
____ T-Shirt - \$15.00 pre-pay
____ Shirt size (Yth med, Yth Lrg, Ad SM, Ad Med, Ad Lrg, Ad XL)
Mail application & payment to:
John Swafford
PO Box 128
Heflin, AL 36264
*Make checks payable to:
Heflin PARD*

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students must provide proof of insurance coverage for any injury or sickness while attending Doyle Baseball. I waive and release Doyle Baseball from any injury or illness incurred going to school from home or while at school or returning from school to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

PAYMENT INFORMATION
____ Check ____ Cash ____ Visa ____ MasterCard ____ AmEx
Card Number _____ Exp. _____
Cardholder Name _____
Signature _____

Acceptance of Accident Insurance Disclaimer Above
Name of Insurance Co. _____
Policy Number _____
Parent/Guardian Signature _____
Student Signature _____