

# Baseball Pitching Lessons at Swing Batter!

## Single Session

- One private half-hour pitching lesson
- 4 free tokens for automated batting cages

**\$50.00**

## Five lesson hitting program

- Five private half-hour pitching lessons
- 7 free tokens per five lesson package

**\$250.00**

## Swing Batter Batting Cages

22B Roland Avenue  
Mt. Laurel, NJ 08054  
865-778-9340

Note: Lessons must be completed within 45 days of signing. All lessons cancelled within 24 hours will count as a lesson. Bring your baseball glove.

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Check One: Single Session \_\_\_\_\_ 5 Lesson Package \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age as of 1/01/07: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List Any Medical Concerns: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

## Player's Experience

\_\_\_\_\_ None \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ Over 3 years

I understand and assume all risks involved in playing the sport of baseball and hereby waive all rights to and any claims against Swing Batter, their coaches and staff.

Signed: \_\_\_\_\_ (Parent or Guardian)

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Swing Batter Use: 1 copy to customer, 1 copy in lesson binder

Date \_\_\_\_\_ Employee Initials \_\_\_\_\_  
Customer Paid \_\_\_\_\_

## Lesson Schedule

| Day and Date   | Completed (Please check and initial) |
|----------------|--------------------------------------|
| Lesson 1 _____ | _____                                |
| Lesson 2 _____ | _____                                |
| Lesson 3 _____ | _____                                |
| Lesson 4 _____ | _____                                |
| Lesson 5 _____ | _____                                |

Date \_\_\_\_\_  
Tokens Issued \_\_\_\_\_  
Instructor Paid \_\_\_\_\_