



Official Little League 2008-2009 MVP Program Clinic Reservation Form



Official Arm Care & Prevention product/program of Little League Baseball
& the Little League Baseball Camps at Williamsport, PA

mvpband.com

LEAGUE INFORMATION

Name of League _____
District _____ District Administrator _____
of Teams in your League _____ # of players in League _____
League Mailing Address _____
City _____ Zip _____
League Affiliation (Board Title if applicable) _____
Name of League President _____
League or contact e-mail _____

Clinic Date Request

It is our goal to accommodate each leagues desired date, however, our clinic schedules fill up quickly. Please provide three desired dates:

1st _____ 2nd _____ 3rd _____

Clinic Audience:

Players only! _____ Coach/manager _____ player/coach _____ Open Clinic _____

Location of Clinic: _____

Advertised Time(s): _____

Length & Width of Field Space _____

Projected # Individuals attending _____

Is this a mandatory league clinic? yes _____ no _____

How will you be promoting the clinic within your league:

website _____ email _____ direct mail _____ via manager _____ word of mouth _____ other _____

Would you like assistance in marketing? yes _____ no _____

Please complete form and fax to (530) 758-1850

Visit mvpband.com for a downloadable form.

Questions, please submit to: dave@mvpband.com

NOTE: Once your application is received, you will be sent a reservation date that will be held for 7 days. To secure this date, a \$150 non-refundable deposit will be required.