2018 Team Rental Request Form

Coach's Last Name: _____ First Name: _____

Team Name:_____

Sport: □ Baseball □ Softball □ Other: _____

Team Age/Level: _____ Number of players on team: _____

E-Mail Address (required): _____

Best Phone Number to Contact: ( ) _____

Preferred Rental Days (check all that apply): □ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat □ Sun

Preferred Rental Times:_____

# of training days per week: _____ Starting date: _____ Ending date: _____

Total # of weeks: _____

Standard team rental space consists of 2 hitting tunnels and 1 pitching tunnel (fully retractable cages).
Is this space adequate? □ Yes □ No
If no, how much space are you interested in? _____

Special Requests:_____

Services Interested In:

□ Team rentals only

□ Team trainings w/BP instructor
____ hitting
____ pitching
____ fielding

□ Team memberships

□ V-Flex training

□ Team equipment pricing

□ Coaches clinics

□ Other: _____