

# McCann's Windward Baseball Academy



Brian McCann    Howie McCann    Brad McCann

**Fellowship Christian School  
Baseball Skills Clinic  
7-14 Year Olds  
Monday-Thur July 25-28  
9-1PM**

Fellowship Christian School Baseball Field  
10965 Woodstock Road  
Roswell, Ga 30075

**The Windward Staff will assist in the following areas:**  
Hitting, Fielding Skills, Baserunning & Pitching & Catching

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
School: \_\_\_\_\_ HS Class of: \_\_\_\_\_  
Parents Names: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ ALT/Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Primary Pos: \_\_\_\_\_ 2<sup>nd</sup> Pos \_\_\_\_\_

**Clinic Fees:** \$125 (Fellowship Students or Church Members)  
\$175 For Non Students or Members

We accept MC/Visa/AMX or Make checks payable to Windward Baseball.  
Clinics Sessions Paid by: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
Select Credit Card Method: **Master Card VISA or AMX**

Card Holder Name: \_\_\_\_\_ Bill Zip Code: \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
EXP DATE: \_\_\_\_\_ SECURITY CODE #: \_\_\_\_\_ (3 digits mc/visa – 4 digits amx)  
Card Holder Signature: \_\_\_\_\_

Questions: Please call Windward Baseball Academy at 770.619.3303 or fax registration **to1-678-827-0975**

1180 Tidwell Road, , Alpharetta, Ga. 30004 or email us at: [info@windwardbaseball.com](mailto:info@windwardbaseball.com)

