

DOMINICAN REPUBLIC WINTER BASEBALL TRIP

PLEASE FILL OUT *ONE FORM PER PERSON*.

(*) indicates required fields [print this page](#)

INFORMATION REQUIRED FOR PARENTS AND PLAYERS

IMPORTANT: To pay remaining balance click here:

* Name as it appears on passport including any MIDDLE NAME OR INITIALS

* Passport number

* Address #1

Address #2

* City State Zip

* Home Phone

* Cell Phone

* **Parent's** Email Address

Date of Birth

* Sex M F

Golf Shirt size (ADULT S,M,L,XL,2XL,3XL)

* Everyone going on trip receives a golf shirt. Please enter adult size.

PLAYER INFORMATION

Position(s) played

Jersey Size & Number (Player only)

High School & Graduation Year

Colleges you are looking at

Payment Amount

Non Refundable Deposit Of \$1,000.00

Remaining balance:

Credit Card #

Expiration Date (mm/yy)

Card Type:

Visa MasterCard American Express

Card security code (3 or 4 digit code)

Make Checks Payable To:

Sal Agostinelli MLB Camp and Tournaments

(With printed copy of this form)

Dominican Trip

14 Ashland Drive

Kings Park, NY 11754

Submit

Questions: info@salsbaseball.com or 631 979-0528