

**World Fastpitch Connection Showcase Elite Clinic**  
**Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Grad Year: \_\_\_\_\_ T-shirt Size : AS AM AL AXL AXXL

Parent/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

Travel Ball Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT Scores: \_\_\_\_\_ ACT Scores: \_\_\_\_\_

Do you want to participate in the pitching activities: YES NO (Circle one) Please bring your own catcher.

Do you want to participate in the catching activities: YES NO (Circle one)

Make checks payable to: World Fastpitch Connection and please include the Medical Release Form

Mail to:  
WFC  
PO Box 51075  
Myrtle Beach, SC 29579

Parent/Guardian Signature: \_\_\_\_\_