

MBSA Registration

Required to register and participate in class

Student Name: _____ **Session** (circle): Spring Summer Fall Winter **Year:** _____

Please indicate class(s)

Baseball Mechanics Classes

- Pitching
- Pitching 2x's month
- Complete Pitcher
(Mechanic's & VIP)
- Hitting
- Catching
- Complete Player (8-10yrs)
- Complete Player (11-14yrs)

Softball Mechanics Classes

- Pitching
- Pitching 2x's month
- Hitting
- Catching
- Complete Player (8-10yrs)
- Complete Player (11-14yrs)

Other

- In / Off Season VIP
- Private Lesson
- Speed & Agility
- Camp/Clinic
- Team Training
- Hitting Membership
- Other _____

Payment Options: Select a payment option and complete the information in the corresponding section. Class space is limited, so a deposit is required upon registration in order to *guarantee* a spot in the class.

Option 1: Pay in Full **Total Amount \$** _____

Cash

Check

Credit Card (complete **Credit Card Information** below and **sign**)

I have already paid the above total by credit card online.

Option 2: Monthly Payments - Cash / Check **Total Amount \$** _____

I agree to pay MBSA a **Deposit** of \$ _____ on ____/____/____, and \$ _____ monthly for the following ____ consecutive months.

Signature _____ **Date** _____

Option 3: Monthly Payments - Credit Card Billing **Total Amount \$** _____

I authorize Manteca Baseball Softball Academy to automatically bill the card listed below as specified:

Deposit:

Deposit amount: \$ _____ on ____/____/____

I already made an online deposit of \$ _____. Please use the card on file for monthly payments specified below. (signature required below)

Monthly Payments:

\$ _____ will be billed monthly for ____ consecutive months, starting on ____/____/____.

Complete **Credit Card Information** below and **sign**.

Credit Card Information: (All requested information is required)

MBSA accepts the following credit cards: **Visa** **MasterCard** **Discover** (Please Circle Card Type)

Credit Card Number: _____ Expires ____/____/____

Name on Card: _____ Zip Code from Billing Address _____

Signature _____ **Date:** _____