RevSports Spring Baseball

These fundamental skills programs include throwing, catching, hitting, base running and fielding. Age-appropriate equipment will be used. Cleats and gloves are optional. These programs are open to all ability levels and run by RevSports staff.

Parent/Child T-Ball

Mondays, May 6-June 3 (no class 5/27)

130305-A1 Ages 2-3 5-5:25 p.m. 130305-B1 Ages 3-5 5:30-6:10 p.m.

\$67 Residents of New Hope, Crystal and Robbinsdale \$74 Nonresidents

Welcome Park, 4630 Welcome Ave N, Crystal

Coach Pitch Baseball/Softball

Mondays, May 6-June 3 (no class 5/27)

110306-A1 Ages 4-6 6:15-6:55 p.m. 110306-B1 Ages 5-8 7-7:40 p.m.

\$67 Residents of New Hope, Crystal and Robbinsdale \$74 Nonresidents

Welcome Park, 4630 Welcome Ave N, Crystal

Register with: New Hope Parks and Recreation

4401 Xylon Avenue North New Hope, MN 55428 763-531-5151

/03-331-3131

Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given with a doctor's

written verification. All refunds are subject to a \$10 service fee. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card. **Questions?** Call 763-531-5151.

Online registration! Go to webtrac.nhrecexpress.com.



	–	 seball - Spring 2024		
Name		Phone(s)		
Address	City		Zip	
Course Number	Dates		Times	
Birthdate	Age	_ Amount Enclosed \$		
Does participant have a spec	ial need?	Email		
nel involved in this program the stand that the records are prote unless otherwise provided by law agree to hold the City harmless j	rdian, authorize the City of New Hope participant's name, address and telep cted under the state and federal privo v. I agree to allow the individual name for any claim resulting from participal used by the City for promotional mate	phone number for the purpose acy regulations and cannot be a ed herein to participate in the tion in this activity. I further g	of program administration. I under- disclosed without my written consent aforementioned activity, and further	
Parent/Guardian Signature_		Date		
Am Ex/Discover/MC/Visa #_		Exp Date	Zip Code	