



Western Districts Baseball Club Inc



AUSSIE TEEBALL SCHOOL VISIT NOMINATION FORM

(TO GO OUT WITH AUSSIE TEEBALL PROGRAM INTRODUCTORY LETTER)

School: _____

Address: _____

Postcode: _____

Contact: _____

Phone: _____ Email: _____

☐ Yes we would be interested in participating in the "Aussie Teeball" program.

☐ No we would not be interested in participating in the program.

* Please indicate below the dates for the "Aussie Teeball" clinic(s) to be held at your school program.
Also please provide an additional 2 preferences to assist in our organization of the clinics*

	Date	Times	Student Class/Age	No of Students
Example	Friday, June 12	9:30 – 10.15 10.15 – 11.00 11.30 – 12.15 12.15 – 1.00	Year 1 Year 2/3 Year 1 Year 1/2	28 30 29 30
Preference 1				
Preference 2				
Preference 3				