We the undersigned:

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|  |       |

 **SURNAME & NAME FUNCTION**

Legal Representative of the Federation:

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 **NAME OF FEDERATION**

Legal Representative of the club (if applicable):

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 **SURNAME & NAME FUNCTION**

Name of Requesting Club (if applicable):

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 **NAME OF CLUB**

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| Date of Clinic: |       |
| Location of Clinic: |       |
| Standard of Clicic: |  |
| Approximate number of attendees: |       |

Please list the areas to be covered by the Clinic:

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By requesting a slow pitch development clinic as outlined above, we understand that we will be responsible for all transfer, accommodation and meal costs for the attending clinicians.

Softball Europe will cover the travel costs of the attending clinicians.

**Date:**

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| **REQUESTS FOR CLINICS MUST BE MADE AT LEAST 30 DAYS PRIOR TO PROPOSED DATE** |

Signature of the Legal Representative of the Club and seal of the Club

Signature of the Legal Representative of the Federation and seal of the Federation

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| SEND TO: abaran@wbsceurope.org |