



Youth Clinic Gift Certificate Request Form

print and fill out form

The Brewster Whitecaps Baseball Club
P.O. Box 2349
Brewster, MA 02631

I would like to purchase Whitecaps Youth Clinic gift certificate(s)

Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Single day at \$35.00 Number _____ Week at \$120 Number _____

Total amount \$ _____

Enclosed is my check for \$ _____

Please make checks payable to Brewster Baseball Club
and mail to:

P.O. Box 2349
Brewster, MA 02361

Gift Certificate(s) will be mailed to the address above.
Thank you for your participation in the Whitecaps Youth Clinic.

POWERED BY