



# 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 \$125 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.

