



**Chicago Bandits Pro Fastpitch**  
**27 Jennie Finch Way**  
**Rosemont, IL 60018**  
**(877) 722-6348 – phone**  
[www.chicagobandits.com](http://www.chicagobandits.com)

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## Chicago Bandits Clinic/Team Practice Agreement

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Team Name/Organization \_\_\_\_\_

Name of Person Arranging Clinic \_\_\_\_\_

Phone # \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_

Clinic Date \_\_\_\_\_ Clinic Time \_\_\_\_\_

Clinic Location/Address \_\_\_\_\_

Type of Facility:    Gymnasium                  Softball/Baseball Center                  Other

Age of Participants \_\_\_\_\_ # of Participants Expected \_\_\_\_\_

Bandits Players Requested \_\_\_\_\_

Bandits Players Assigned (internal use only) \_\_\_\_\_

Clinic type (Infield, Outfield, Hitting, Base running, general, etc.) \_\_\_\_\_

Will you have equipment available for the camp?    YES                  NO                  LIMITED

TOTAL PRICE (includes fee to players and Bandits) \_\_\_\_\_

Payment Due By \_\_\_\_\_  
(Check or Money Order Only – Due upon arrival)

\*Please make the check(s) payable to the **CHICAGO BANDITS** for the full amount owed unless instructed otherwise by Bandits representatives. If you have any questions or need additional assistance, please contact the Bandits' office at (877) 722-6348. Please note that the Bandits may bring a limited supply of merchandise to the clinic for retail purposes.

\_\_\_\_\_  
Chicago Bandits Representative

\_\_\_\_\_  
Group Representative

\_\_\_\_\_  
Date of approval

\_\_\_\_\_  
Date of request