

**BARNSTABLE BAT INC.**  
40 Pleasant Pines Ave.  
Centerville, MA 02632  
Phone: 508.362.8046  
Fax: 508.362.3983  
Web address: [www.barnstablebat.com](http://www.barnstablebat.com)

**Cape Cod Baseball League Affiliate  
2008 Baseball Clinic**

**Personalized Bat Order Form**

**BILLING ADDRESS** *(credit card billing info)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Summer or cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Method of payment:** MC VISA CHECK CASH \_\_\_\_\_ **(check one)**

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*If paying by check please make out to: **BARNSTABLE BAT INC.***

Price per bat: \$50.00 includes MA state sales tax

*\$10 of each bat sold will go to your team affiliate.*

**ONE SIZE ONLY:** 30 inch Regulation Little League Bat

Childs name **(first & last only)**: \_\_\_\_\_

CCBL Team Affiliation: \_\_\_\_\_

Clinic Start Date (month/day/year) \_\_\_\_\_

**SAMPLE INSCRIPTION**

**GENUINE**

**CHILDS NAME HERE**

**2008 TEAM AFFILIATE**

Bats ordered by Wednesday will be delivered to the field on Friday of that week. *If bats need to be shipped*, please **add \$15** for shipping and handling and fill out the form below:

**Ship to address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (no P.O. boxes please)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Phone if different from above: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*PLEASE PRINT CLEARLY TO AVOID MISPELLED NAMES ON BATS\*\***