

Camp Registration Form

Checks and Registrations can be mailed to:

Xtra-Bases Baseball Camp

C/O Dave Hameier

4 HUGHES RD. SOMERSET, NJ 08873

Please make checks payable to: **Xtra Bases Baseball Camp**

Camper's Name: _____

Camper's Age: _____

Week of July 8th _____ Aftercare Y/N

Week of August 12th _____ Aftercare Y/N

Both Weeks: _____ Aftercare Y/N

Shirt size: (circle one): YM YL AS AM AL AXL

Address: _____

School: _____

Home Phone: _____

Emergency Phone: _____

E-Mail : _____

I certify that my child is in good health and can take part in the daily schedule of the baseball camp. In case of an emergency I give permission for my child to receive medical treatment.

Parent Name: (print) _____

Parent/Guardian Signature: _____

XTRABASEBASEBALLCAMP.COM