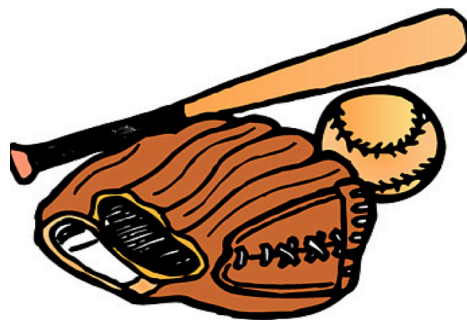


Xtra Bases Baseball Camp Registration Form

(Please mail with payment)

Please remit payments to:
XtraBases Baseball Camp
c/oMeredithSantowasso
1345 Easton Ave
Somerset, NJ 08873



Week of:
July 13 _____ August 17 _____ Both Weeks _____
(\$235 per week or \$395 for both weeks)

Aftercare (3:00 pm – 4:00 pm, \$30 per week): Y / N

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

Camper's Name: _____

Camper's Age: _____

Address: _____

School: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

In Case of Emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

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/Guardian Name (print):

Parent/Guardian Signature:

If you have any questions, please feel free to contact Larry Santowasso at santowasso@rutgersprep.org or (732)991-8909.