



Leland HS Baseball Camp Summer 2017

Date: June 19th – 23rd

Time: 9:00am-noon

Location: Leland Baseball Field 6677 Camden Ave, SJ 95120

Cost: \$275/student

Accepting players entering 6th, 7th and 8th in Fall '17

Registration Information

Student Athlete's Name: _____ Birth Date: ____/____/____
(Please print last name first)

Entering grade (school year '17/18): 6th - 7th - 8th T-shirt size: YM YL AS AM
(circle one) (circle one)

Parent or Guardian's name: _____

Address: _____

Home phone: () _____ Cell phone: () _____

Email Address: _____

In case of emergency

Contact #1 Name: _____ Contact #2 Name: _____

Relationship: _____ Relationship: _____

Phone #: _____ Phone #: _____

Alt #: _____ Alt #: _____

To register: Email completed Registration Form, Liability form, and Insurance form
to: Lelandbaseballsummercamp2017@gmail.com

Make checks payable to: [Leland Booster Club](#) or use PayPal Account: treasurer@lelandhsboosterclub.com

