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ADVANCED SUMMER CAMP

JUNE 21-24

9:00 AM- 12:00 PM

\$100.00-Members \$125.00 Non Members

Get Prepared for Select Tryouts!!
Lunch Included

Please register me for the Strike Zone Advanced Summer Camp

Name: _____ Age: _____

Positions (Choose2) C P 1B 2B SS 3B OF

Telephone: _____ Cell: _____

Address: _____ City/State/Zip _____

FREE T-shirt Size (Circle One): YL S M L XL

E-Mail : _____

Payment: Check MC VISA AMEX DISC Credit Card # _____

V-Code _____ Exp. Date _____ / _____

PARENT/GUARDIAN RELEASE STATEMENT: We (I) hereby give our (my) permission to The Strike Zone to provide medical attention to our (my) son/daughter _____ in the event of injury or illness. We (I) hereby release The Strike Zone and all its employees from all claims (present or future) resulting from any injuries which may be sustained by our (my) son/daughter while attending Strike Zone Baseball Camp.

(Parent/Guardian Sign Here): _____