



2010 Rocky Mountain Baseball School Application

Registrant's Name: _____
Parent(s)/Guardian(s) Name(s): _____
Address: _____
City: _____ **Postal Code:** _____
Email: _____
Phone No.: () _____ **Emergency Nos.:** () _____
Fax No.: () _____ () _____
DOB (MM/DD/YYYY): _____ **A.H.C.I.P #:** _____
Family Doctor: _____ **Doctor's Ph:** _____
Important Medical Conditions/Injuries/Allergies: _____
Medications: _____

CAMP SELECTION

- ___ Camp 1: SKILL DEVELOPMENT July 6-9, 2010
- ___ Camp 2: SKILL DEVELOPMENT July 19-23, 2010
- ___ Camp 3: HIGH PERFORMANCE August 16-20, 2010

SCHOOL PRICES

- Deposit of \$150 is required with application.
- Payment in full is due 2 weeks prior to camp start date, or risk losing your spot in the selected camp as well as your \$150 deposit.
- Register before July 1st and receive a complimentary Brett Bat
- Register before June 1st and receive a complimentary Brett Bat plus 10% off regular camp prices.

Overnight Campers

(Includes: hotel room, all means, evening activities, cap and t-shirt)

	<u>Camp 1</u>	<u>Camp 2</u>	<u>Camp 3</u>
Quad Occupancy	\$450.00	\$525.00	\$550.00
Triple Occupancy	\$475.00	\$550.00	\$575.00
Double Occupancy	\$515.00	\$590.00	\$615.00

Day Campers

(Includes: daytime sessions, lunch, cap and t-shirt)

	<u>Camp 1</u>	<u>Camp 2</u>	<u>Camp 3</u>
	\$300.00	\$350.00	\$375.00

T-SHIRT SIZE _____ BAT LENGTH _____

REQUEST THE FOLLOWING ROOMMATES _____

***Take advantage of our scholarship program**

Information packages, including medical forms, a complete schedule, etc, will be mailed along with a receipt for your deposit and an invoice for the balance due.

Please make cheques payable to: **Little League Alberta** and Mail to: **Spitz Stadium Administration Centre**
2425 North Parkside Drive
Lethbridge, AB T1J 4W3

Credit card info: ___ VISA ___ M/C ___ Amex Amount \$ _____

Card # _____ Expiry: _____

Name on Card _____ Signature _____

