



## 2010 Youth Baseball Camps

Campers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent Name(s) \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

### T-SHIRT SIZE

Youth S \_\_\_\_\_ Youth M \_\_\_\_\_ Youth L \_\_\_\_\_ Youth XL \_\_\_\_\_ Adult S \_\_\_\_\_ Adult M \_\_\_\_\_

### 2010 CAMP DATES & DETAILS

\_\_\_\_\_ Camp #1 – Hitting Camp – June 24<sup>th</sup> and 25<sup>th</sup> – \$55.00 – 9:00 a.m. to 12:00 p.m.

\_\_\_\_\_ Camp #2 – Pitching Camp – July 6<sup>th</sup> and 7<sup>th</sup> – \$55.00 – 9:00 a.m. to 12:00 p.m.

\_\_\_\_\_ Camp #3 – Fundamentals Camp – July 20<sup>th</sup> and 21<sup>st</sup> – \$55.00 – 9:00 a.m. to 12:00 p.m.

### PAYMENT

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_ Disc. \_\_\_\_\_ Check \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_  
Name as it appears on the credit card \_\_\_\_\_

Please make all checks and money orders payable and send to:  
Gateway Grizzlies Baseball Club \* 2301 Grizzlies Bear Blvd. \* Sauget, IL 62206  
Attn: Jeff O'Neill

I release and hold harmless the Gateway Grizzlies Baseball team and camp representatives, the employees, the complex being used, its representatives and employees from any and all liability to me or my child as a result of attending this activity. Furthermore my child is physically fit to participate in the daily program activities. I hereby authorize the staff of the Gateway Grizzlies to act for me in an emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date