

Play to Win Baseball Camp

Registration Form 2009

Please check the desired session(s) below. A \$25 discount will be given for enrolling with a friend or enrolling in another session. Camp details and enrollment confirmation will be forwarded to you upon receipt of a \$50 deposit.

Please make checks payable to "Play to Win Baseball."

Please send to:
Play to Win Baseball
P.O. Box 381094
Cambridge, MA 02138



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|--------------------------|-------------------------|-----------|-------|
| <input type="checkbox"/> | Session I: July 13-17 | ages 7-14 | \$300 |
| <input type="checkbox"/> | Session II: July 20-24 | ages 7-14 | \$300 |
| <input type="checkbox"/> | Session III: July 27-31 | ages 7-14 | \$300 |

Personal Information

Camper's Name: _____

Age: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____
