

					THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN C
NameAddress_		Birthdate/		up me with:	Camp Type: Summer Camp
City	Sta	ateZip			(Ages 5–8)
Home Phone	Daytim	e Phone			☐ Summer Camp (Ages 9–12)
Cell Phone	re		3) _		☐ Major Select Level (Ages 8–12)
I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/her best judgment in an emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his attendance at camp. I agree to abide by the rules and regulations of the camp. Credit Card # (MC, VISA, Discover)					☐ Hitting Camp (Ages 8–12)
Credit Card Signature					_ □ Pitchers and
Position(s): □ P □ C	□1B □2B □3B □	SS 🗆 OF T-Shirt:	□ YM □ YL □ S	□M □L □XL	Catchers Camp (Ages 8–12)
Sessions: May 31–June 3 Chesterfield Des Peres Des	nchester 🗆 Ballwin Vlasis 🗆 Chesterfie	June 27–30 Id Chesterfield Ballwin VI Des Peres Chesterfie		n Ath Des Peres	gust 1-4 Manchester Ozzie Smith August 8-11 Chesterfiel Ellisville

☐ Woodlands

☐ Strehl Park

☐ Shady Springs

☐ Manchester

☐ Strehl Park

☐ Kirkwood

☐ Strehl Park

□ Ellisville

☐ Ozzie Smith

☐ Ozzie Smith