

COACH CROWHOP'S SPRING BREAK CAMP 2010 - March 16-18 Tues- Thurs.

Please complete this form and return to:

COACH CROWHOP'S BASEBALL CAMPS

ATTN: TED HARRIS

3703 GARDEN WAY

MISSOURI CITY, TEXAS 77459

Make checks payable to: **Coach Crowhop's Baseball Camps** Cost: \$90/ \$100 walk-up; 10% Discount if made 1 week before:
Payment by credit card available- contact **Coach Harris** Fax: 281-778-6199

CAMPER'S NAME: _____ **BIRTHDAY:** _____ **AGE:** _____

ADDRESS: _____ **CITY/ZIP:** _____

HOME PHONE: _____ **WORK/CELL:** _____

EMAIL: _____

Camp Location: (FCLL, Sienna, Lamar) _____

CHECK APPROPRIATE CAMP:

_____ I. Rookie Camp (5)

_____ III. AAA Camp (8 - 10)

_____ II. AA Camp (6-7)

_____ IV. Major League Camp (11-12)

Check Below Desired Skills

Hitting _____ Pitching _____ Catching _____ Defensive
Skills/Position _____

Camper will be picked up by:

Specific information you would like us to know:

How did you hear of the camp? _____

I hereby release Coach Crowhop's Baseball Camp and it employees from liability for injury, and acknowledge my child is participating in Baseball Camp at his/her own risk. My child has no mental or physical impairment which affect his/her ability to safely participate in this camp. I hereby authorize Coach Crowhop's staff to secure medical attention for my child in any emergency where they deem appropriate.

Signature of Parent or Guardian

Emergency Phone Number

