

One on One Baseball Camp

917-686-1124

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www.OneonOneBaseball.com

High School Fall Winter MINI Camp 2009 Registration Form

Name of Player: _____

Name of Parents: _____

Address: _____

If you have moved, please indicate new address.

City: _____ State _____ Zip Code: _____

Tel. Day: _____ Night: _____ Cell: _____ Email: _____

Date of Birth: _____ Age at time of Camp: _____

Favorite Positions 1. _____ 2. _____

List any Medical Conditions: _____

List Any Medications (inhalers): _____

School Attending and Grade (Sept. 2009): _____

GPA _____ SAT Score (If Taken) Total _____ Math _____ Verbal _____ Writing _____

Where did you hear about One on One Baseball? (Website, ad, friend) _____

Have you attended any of our camps in the past? _____

Indoor Facility Unlimited Sports in Pt. Washington, Long Island.

- Oct. 12, 14, 19, 21, 26, 28 All Skills
 - Nov. 2, 4, 9, 11, 16, 18, 23, 25 All Skills
- All Clinics will fo from 7-9pm sharp.

Please note: This camp is limited to 40 players ages 16 and older and by invitation only. You must send a deposit or payment in full to be assured a spot. This camp has been sold out quickly in the past so don't hesitate and register today.

List Dates You Are Attending

Dates _____

Price _____

Deposit _____

Payment In Full _____

Prices

1 \$150

2 \$250

3 \$375

4 \$475

5 or more email for price

Make Checks or Money Orders payable to **One on One Baseball Inc.**
and send your registration form to:

One on One Baseball Camp

c/o Dom Scala

64-22 72nd Street

Middle Village, NY 11379

* No refunds will be issued 2 weeks prior to start of Camp*

Please note: Make a copy of this form for your records