

# One on One Baseball Inc.

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www.OneonOneBaseball.com

## High School Summer MINI Camp 2010 Registration Form

Name of Player \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. Day: \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at time of Camp: \_\_\_\_\_

Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

List any Medical Conditions: \_\_\_\_\_

List Any Medications (inhalers): \_\_\_\_\_

School Attending (Sept.2009) \_\_\_\_\_

High School Coach Name \_\_\_\_\_ Phone& Email \_\_\_\_\_

Summer Team Coach Name \_\_\_\_\_ Phone&Email \_\_\_\_\_

**The next 2 lines are important and you must indicate your scores and GPA.**

GPA \_\_\_\_\_ Total SAT Score \_\_\_\_\_ Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_

If you did not take SAT please indicate PSAT score \_\_\_\_\_

Have you attended any of our camps in the past? \_\_\_\_\_

**August 18<sup>th</sup>- August 21<sup>st</sup> 11am-1:30pm at William J. Bonomo Field on the campus of Adelphi University, Garden City, NY (directions posted on my website)**

**Please note: This camp is limited to approximately 40 players and you must be a 2010 graduate. This is by invitation only. You must send a deposit or payment in full to assure a spot. You must also send your latest medical report or bring it the first day of camp. You will not be allowed to participate if you don't have a medical form. This camp has been sold out quickly in the past so don't hesitate and register today. If you have any questions please call or email Dom Scala at information above.**

### Prices

Payment in full.....\$250.00

Deposit.....\$125.00

**Please check appropriate boxes.**

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 72<sup>nd</sup> 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**