



Camper's Name: _____
 Age: _____
 Address: _____
 Postal Code: _____
 Home Phone #: _____
 Parents or Guardians: _____
 Name: _____
 Emergency Phone #: _____
 Work Phone #: _____
 Camper's Health Care #: _____

Camps consist of 2 hours of hitting and 1 hour of pitching

Dates: January 30th & 31st - 11:00 AM to 2:00 PM
 February 6th & 7th - 11:00 AM to 2:00 PM

Cost \$75.00 for the camp (family discount available)

January 20th to February 24th - 6:00 PM to 8:00 PM

Cost \$150.00 for six weeks (Every Wednesday night)

Please phone 403-320-1302 for more information

Please indicate which camp you wish to participate in.

I hereby authorize my child's attendance at the above mentioned camp and therefore release all parties of any liability due to injury while s/he attends said camp.

 (Parents or guardian signature)

Registration form must be completely filled out and signed or the camper WILL NOT be accepted in the camp.

Enclosed is my check for: \$ _____

Forward Registration Form with check to: Prairie Baseball Academy
 Lloyd Nolan Yard
 545 6th Ave. North
 Lethbridge AB T1H 6N8

We welcome coaches and parents to stay and watch.