

ELITE BASEBALL SCHOOL

SUMMER CAMP - 2010

Registration Form

Name: _____ Birthday: ____/____/____ Sex: M
Last Name, First Name F

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Dad's Cell: _____ Mom's Cell: _____

Parent's Name:
Father _____
Mother _____

Email Address: _____

Medicare Number: _____

Program Details

CATEGORY	YEAR of BIRTH	HOURS	WEEKLY RATE Lunch & Snacks included
Atom	2000 - 2001	9:00am - 4:00pm	\$250 per week
Mosquito	1998 - 1999	9:00am - 4:00pm	\$250 per week
PeeWee	1997 - 1996	9:00am - 4:00pm	\$250 per week
Bantam	1995 - 1994	9:00am - 4:00pm	\$250 per week

Please check off the weeks you want to participate in:

CATEGORY	Week 1 July 05 - July 09	Week 2 June 12 - July 16
Atom	()	()
Mosquito	()	()
PeeWee	()	()
Bantam	()	()

Signature: _____
Parent or Guardian

Date: _____

Please Make All Cheques Payable to: Elite Baseball School

Send all cheques to the following address:

Elite Baseball School
5825 Westlue
Cote St.Luc, QC
H4W 2N9