

2006 Wildcat Baseball Prospect Camp Registration Form

Player's Name _____

Parents' Names _____

Address _____
Street City State Zip

Home/Cell Phone _____

Primary Position _____ Secondary Position _____

High School _____ Graduation Date _____

High School Coach _____ Phone# _____

Age _____ DOB _____ Ht _____ Wt _____

Camp dates: November 18-19, 2006
Saturday 11am-5pm, Sunday 9am-4pm

Camp Fee: \$125 per Camper

Please make checks payable to: RF-Wildcat Baseball Camp

Return by fax: 530-898-5821

or mail: Chico State Baseball Office
Chico State Athletics
Chico, CA 95929-0300

Please call Jason Kelly or Mike McCormick with any questions: 530-898-6145 or 530-898-6743

I authorize the directors to provide medical attention for my son/daughter if injured during his/her stay at camp. We also have insurance covering our child in case of accident or injury

Insurance Company

Policy #

Signature of Parent or Guardian

Date