

2006 Wildcat All-Star Camp Registration Form

Player's Name _____

Parents' Names _____

Address _____
Street City State Zip

Home/Cell Phone _____

High School Attending or recently graduated _____

Age _____ DOB _____ Ht/Wt _____ Grade in Fall '06 _____

Positions played _____

High School Coaches name and phone# _____

Lodging Preference (roomate) _____

T-shirt size sm med lg xl

Camp date: July 7-9, 2006

Camp Fee: \$450.00 overnight (resident) campers
\$350.00 day campers

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 Camp Director Lindsay Meggs with any questions: 530-898-4374

I authorize the camp director 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