

2006 Wildcat Baseball Youth Camp Registration Form

Player's Name _____

Parents' Names _____

Address _____
Street City State Zip

Home/Cell Phone _____

Age _____

T-shirt size: _____ youth/adult (circle youth or adult)

- Camp dates:** Session 1: June 12-16, 10 a.m. - 2 p.m.
 Session 2: July 10-14, 10 a.m. - 2 p.m.

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

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