

print out and mail to:
Mike Schaefer
3248 Berry Brow Drive
Chalfont, PA 18914

Gold Glove Baseball Camp Registration



Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Cell/Work): _____ Emergency: _____

Age(s): _____ T-Shirt Size(s): please circle Youth: M L Adult: S M L XL

Date(s) you are attending (circle all that apply): June 22-25 June 28-July 2 July 6-8 July 12-16

*There is a \$50 discount for attending 2 or more 4-5 day camps and/or registering 2 or more siblings for one 4-5 day camp (may not be combined with other discounts/coupons)

E-mail address: _____

Please make all checks payable to: Michael Schaefer

I, the undersigned, individually and as parent(s) and guardians) of _____ a minor, ask that he be admitted in this baseball camp. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the Gold Glove Baseball Camp, its officers, agents and employees of and from all causes, liabilities,, damages, claims or demands whatsoever on account of any injury or accident involving said minor arising out of the minor's attendance to this baseball camp.

Parent's/Guardian Signature: _____