



825 W. Cagney Dr.
Meridian, ID 83646
Phone: (208) 866-3436

www.pacwestbaseball.com

CAMP REGISTRATION FORM

CIRCLE THE CAMP YOU WILL BE ATTENDING

“Futures” Pitching Camp / “Utah” Pitching Camp / “Winter” Hitting Camp

PLEASE PRINT NEATLY

Name: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Grade: _____ Age: _____

E-Mail: _____

School: _____ Throws (circle): RHP / LHP



I, _____, hereby certify that my son is in sound physical condition and is able to participate in the above mentioned camp. I shall assume full financial responsibility if he is injured--requiring treatment above and beyond the care provided by the camp. I shall not expect, nor request, any financial aid from Pac-West Baseball or any agency representing the camp.

Parent/Guardian Signature _____

PAYMENT TYPE (Check One):

- I paid on-line with PayPal. My confirmation number is # _____
 Enclosed is my check for \$ _____

Mail registration and payment to:

Pac-West Baseball
825 W. Cagney Dr.
Meridian, ID 83646

Note: A confirmation email will be sent once your registration form has been processed. There will be a \$50.00 administrative fee kept for all cancellations. Camp registration fees are non-refundable 24 hours prior to the start of camp.

“Players of Today, with Dreams of Tomorrow”