



2277 E. Roaring Creek St.
Meridian, ID 83646
Phone: (208) 866-3436
Fax: (208) 938-2886
www.pacwestbaseball.com

CAMP REGISTRATION FORM

CIRCLE THE CAMP YOU WILL BE ATTENDING

Western Montana / Western Idaho / Northern Utah / Northern Utah "Day" 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 pitching 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 the camp or any agency representing the camp.

Parent/Guardian Signature _____

Enclose completed camp registration form and check in the amount of \$_____ made payable to Pac-West Baseball and mail to:

Pac-West Baseball
2277 E. Roaring Creek St.
Meridian, ID 83646

Note: A letter of confirmation will be sent once your registration form has been processed. Camp registration fees are non-refundable 24 hours prior to the start of camp.

"Pitchers of Today, with Dreams of Tomorrow"