

Please be sure to check week(s) attending:

- June 26th-June 30th
- July 5th – July 7th*** (3-day week for holiday)
- July 10th – July 14th
- July 17th – July 21st
- July 24th – July 28th

Pricing

1 full week ----- \$300.00
 2 full weeks ----- \$500.00
 3 full weeks ----- \$700.00
 4 full weeks ----- \$850.00
 Total 5 weeks (23 days)---\$925.00

*****Week 2 is a 3-day week for \$180**
***If attached to 1 full week--- (\$450 total)**
***If attached to 2 full weeks- (\$625 total)**
***If attached to 3 full weeks- (\$800 total)**

***New this year: SIBLING DISCOUNT of 10% off for only weeks siblings attend together.**

Questions? Call: 203-869-3736 or Email:

cardinalbbcamp@aol.com

Amount enclosed \$ _____

**Make checks payable to
 Cardinal Baseball Camp, LLC**

**Completed registrations should be mailed
 to: Cardinal Baseball Camp, LLC
 16 Ridge Road
 Cos Cob, CT 06807**

2017 Camp Features

Skills, Rules, & instruction daily
Games played daily

Water & Gatorade® will be provided. Bring baseball glove. Wear gym shoes or rubber baseball cleats only.

In case of inclement weather, please check cardinalbaseballcamp.com

Make up sessions will be held in the afternoon (12:30-3:30) or as double sessions the following day.

Camper Information

_____ Camper

_____ Address

_____ City, State, Zip Code

_____ School

_____ Birth Date (M/D/YY)

_____ Age

_____ Parent/Guardian

_____ Home #

_____ Cell #

_____ Email (receipt of registration will be emailed)

**Refunds will not be issued after
 June 26th**

Parent Authorization

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Cardinal Baseball Camp. Recognizing the possibility of physical injury, associated with baseball and in consideration for Cardinal Baseball Camp accepting the registrant for its programs and activities, I hereby release, discharge and/or indemnify Cardinal Baseball Camp, coaches, its affiliates, organizations, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs. I authorize use of player photos on the Cardinal Baseball Camp website.

_____ Emergency Contact

_____ Contact's #

_____ Pediatrician

_____ Pediatrician's #

***Special Medical Conditions:**

_____ Parent/Guardian Signature
