

West Coast Showcase Camp Registration Form

July 26th - 28th, 2012

Players must call and verbally commit prior to sending in forms and payment. This will confirm if there is position availability & secures your spot. Please fill out this registration form and Showball Medical Release completely. Print legibly as this information will be given to the College Coaches. If you do not receive email confirmation within 24 hours after registration is faxed, or 7 days after it's mailed, please inquire.

Phone: (888) 313-7469
Contact: John Novak x102
Fax: (888) 313-7469

Cost: \$645 (If paid by Paypal, please attach payment confirmation.)

Please send forms and make payment to:

SHOWBALL BASEBALL
19330 VICTORY BLVD
RESEDA, CA 91335

First Name / Last Name _____
Parent's Name _____
Street Address _____
City _____
State / Zip _____
Telephone Numbers _____
Email _____
D.O.B _____
High School _____
Grad Year _____
GPA _____
SAT / ACT _____
Height / Weight _____
Primary/ Secondary Position _____
Bat (R/L) / Throw(R/L) _____
Referred By _____

REFUND POLICY: Showball Baseball does not offer refunds or credits in the event of a cancellation within 30 days of a scheduled camp. In the event of a cancellation outside of 30 days from the beginning of a camp, customers will be offered a credit to a future camp within 1 year of the scheduled date of the original camp. There are no cash refunds. By signing below, you have read and understand the refund policy.

Parent Signature: _____ **Date:** _____