



WWW.WCBASEBALLCAMPS.COM

Big League Dreams Start Here!

Learn From Professional Baseball Players!

Focusing on Pitching, Running and Hitting

Dates: July 19th and 20th, 2008

Time: 10:30 am to 3:00 pm

Location: Granite Hills High School, El Cajon, CA
Singing Hills Little League Field

AGES: 6-16

FEE: \$ 125.00 per child, for 2 day camp (see discounts below)
\$85 per child for 1 day camp

******Discounts:** Bring a group of 10+ **\$75 per person** for 2 day camp. ****
Bring a group of 5+ **\$95 per person** for 2 day camp.
Bring a friend (who has not previously attended) to a
2 day camp and you will receive a \$10 discount (per friend) for your 2 day camp.

**Bring your own lunch or mark box below to pre-order pizza.
Snacks and drinks will be available to purchase.*

Please: Dress in appropriate baseball attire. Bring your own bat, glove and helmet (labeled with name)

Director: John Barnes *Email:* jbarnes@wcbaseballcamps.com *Phone:* 619-665-5868
Director of Operations: Tracy Barnes *Email:* Tracybarnes@wcbaseballcamps.com 619-871-2238

Please call 619-871-2238 for information regarding payment by check.
Otherwise, pleased visit our website and register/pay online.

Cancellation policy: All cancellations up to 10 days prior to camp will receive a full refund (exception:if you paid via paypal/website you will receive a full refund minus 3%.) Any cancellations less than 10 days prior to camp will be charged a \$25.00 cancellation fee, or may reschedule for a future WCBC camp. If you cannot attend camp, you must notify John Barnes prior to first day of camp. If notification is not received prior to first day of camp, a refund will not be granted.

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Registration Information

Name _____ DOB _____ Parent/Guardian _____

Address _____ City/St _____ Home Phone _____

Email _____ Paid by: Check _____ Money order _____ Amount enclosed _____

Dates of Camp: _____

T-Shirt Size: Youth: S _____ M _____ L _____ Adult: M _____ L _____ XL _____ XXL _____

Please provide lunch for my child (2 slices of pizza and one drink) \$5.00 per day Sat _____ Sun _____

Release: I give permission for my child to attend West Coast Baseball Camp and take part in all activities offered by the camp. I assume responsibility for any medical condition my child has, and assume responsibility for any medical treatment my child may require as a result of an injury during camp. I agree to release West Coast Baseball Camp, it's employees, and affiliates, from any liabilities, damages, or claims of any injury or accident arising out of my child attending the baseball camp.

Parent Signature _____ Date _____