



Academy • Washington Township

## 2010 Summer All Skills Baseball Camp

Harrison Township at Ella Harris Park

Camp WT 151

August 23 – August 27, 2010

All Skills Camp correctly teaches every aspect of the game:  
Hitting, Fielding, Running, Infield/Outfield Play, and more!

Camp Times: 9:00 AM - 1:00 PM and for Ages 13 and under

Cost \$ 160.00

### 2010 HIT DOCTOR REGISTRATION FORM

Fill out this registration form and send with a \$50 non-refundable deposit to the address listed below, or register by phone or fax with credit card deposit. If you cancel, deposit is transferable. All balances due 1 week prior to camp.

**CAMP #(S):**  
**WT-151**

Player's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email \_\_\_\_\_

How did you hear about us?  Past Camper  Mail  Friend  Coach  Other

#### PAYMENT INFORMATION

Checks / Money Order should be payable to: HIT DOCTOR WASHINGTON TOWNSHIP

Amount: \$50 deposit only per camp \_\_\_\_\_ Full Camp Fee (\$) \_\_\_\_\_

Credit Card Payment: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_ Mo/Yr

VISA/MC \_\_\_ AMEX \_\_\_ DISC \_\_\_

Print Name as it appears on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

By applying to participate in this camp, I agree to hold harmless Hit Doctor Washington Township and their representatives of any and all liability to me or my child attending this camp. My child is physically fit to participate in the camp(s) chosen. I also understand that if my child is unable to attend one of these sessions of a particular camp for any reason, no partial refunds will be made.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form with payment. If you don't receive confirmation before the camp date, please call to make sure you are registered.

**BY MAIL: Hit Doctor Washington Township, 1 Enterprise Court, Sewell, NJ 08080**

BY PHONE: 856-218-2322

BY FAX: 856-218-744