



Manchester College Baseball Summer Camps 2007



When:	June 11-14	9 am – 3 pm	All Skills Camp (Ages 7-14)
	June 19-20	9 am – 11:30 am	Hitting I (Ages 7- 10)
	June 19-20	Noon – 2:30 pm	Hitting II (Ages 11-14)
	June 21	9 am – 11:30 am	Pitching I (Ages 7-10)
	June 21	Noon – 2:30 pm	Pitching II (Ages 11-14)
	June 22	9 am – 11:30 am	Catching I (Ages 7-10)
	June 22	Noon – 2:30 pm	Catching II (Ages 11-14)
	July 9-12	9 am – 3 pm	All Skills Camp (Ages 7-14)

Where: Manchester College Baseball Field

How Much:	June 11-14	\$115 pre-registration, walk up \$135
	June 19-20	\$45 pre-registration, walk up \$55
	June 21	\$25 pre-registration, walk up \$35
	June 22	\$25 pre-registration, walk up \$35
	July 9-12	\$115 pre-registration, walk up \$135

Multiple camp discount – First camp is full price, subtract \$10 from each additional camp.
Multiple family discount – First immediate family member is full price, subtract \$10 for each additional family member.

Note: Maximum \$10 discount per camper per camp

What to Bring: Baseball equipment suitable for indoor and outdoor activity
Lunch – Daily

What you receive: Camp t-shirt and quality instruction

Registration Form

My son/daughter will attend the following camp(s):

_____	All Skills Camp	June 11-14	Ages 7-14	\$115 pre-registration	\$135 walk up
_____	Hitting Camp I	June 19-20	Ages 7-10	\$45 pre-registration	\$55 walk up
_____	Hitting Camp II	June 19-20	Ages 11-14	\$45 pre-registration	\$55 walk up
_____	Pitching Camp I	June 21	Ages 7-10	\$25 pre-registration	\$35 walk up
_____	Pitching Camp II	June 21	Ages 11-14	\$25 pre-registration	\$35 walk up
_____	Catching Camp I	June 22	Ages 7-10	\$25 pre-registration	\$35 walk up
_____	Catching Camp II	June 22	Ages 11-14	\$25 pre-registration	\$35 walk up
_____	All Skills Camp	July 9-12	Ages 7-14	\$115 pre-registration	\$135 walk up

Name _____

Address _____

City _____

Zip _____ Phone _____ Age _____

We the PARENTS of _____ do hereby claim our son/daughter is in good health and do not hold Manchester College Baseball Camp liable for any injuries that may occur to our son/daughter while participating in the Manchester College Baseball Camp.

Signed _____ **Date** _____

We the PARENTS of _____ do hereby give MANCHESTER CLINIC, 1104 Wayne Street, North Manchester, IN 46962, 260-982-2102, our permission to perform any emergency medical service required for our son/daughter while participating in the Manchester College Baseball Camp.

Signed _____ **Date** _____

Mail to: Rick Espeset, Spartan Baseball Office, Manchester College, North Manchester, IN 46962. 260-982-5034
rbespeset@manchester.edu

Make Check Payable to Manchester College Baseball