

Xtra-Bases Baseball Camp Registration Form

(Please mail with payment)

Please remit payments to:

XtraBases Baseball Camp

c/oLarry Santowasso

1345 Easton Ave

Somerset, NJ 08873

Or VENMO payment to @Dave-Hameier-1(8909)

Week of:

July 14 _____ (\$295) August 11 _____ (\$295) Both Weeks _____ (\$575)

Aftercare (3:00 pm – 4:00 pm, \$30 per week): Y / N

Shirt Size (circle one): YM YL AS AM AL AXL

Camper's Name: _____

Camper's Age: _____

Address: _____

School: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

In Case of Emergency:

Name:

_____ Phone: _____

Name: _____ Phone: _____

I certify that my child is in good health and can take part in the daily schedule of the baseball camp. In case of an emergency, I give permission for my child to receive medical treatment.

Parent/Guardian Name (print):

Parent/Guardian Signature:

If you have any questions, please feel free to contact Larry Santowasso at
santowasso@rutgersprep.org or (732)991-8909.