



Camp 1: July 25th & 26th

Camp 2: July 27th & 28th

9 AM- 1 PM

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Gender: _____

Camp Session: _____

Shirt Size: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Emergency Contact: _____

NAME

PHONE

Cost is \$100 per camper. If camper participates in both sessions a discount of \$50 will be applied.

Checks should be made out to the Fennimore Area Foundation

Send registration form and checks to:

Steve Lendosky

1075 Grant Street

Fennimore, WI 53809

Parent/Guardian Registration Acknowledgement

I understand that payment of all fees is necessary prior to participation. I give Rob Deer and Steve Woodard Baseball Camp permission to use, reproduce or publish and photographs, video or likeness of my child for advertising, marketing or other commercial purposes, regardless of media or format. My child has permission to participate in all camp programs and activities. Rob Deer and Steve Woodard Baseball Camp the right, at their sole discretion, to remove any camper who engages in inappropriate activity, fails to follow camp rules or otherwise disrupts the camp. In such event, no refund or reduction in fees shall be made.

Parent/Guardian Signature _____ Date _____