


  
 CELEBRATING **BASEBALL** TWENTY-EIGHT YEARS  
**CAMP**

## Play Ball Camp - Bridgewater Registration Form

Please make checks payable to: **Play Ball Baseball Camp**

**Mail to:** Play Ball Baseball Camp 190 Grange Park, Bridgewater, MA 02324

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

Name: \_\_\_\_\_

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

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

Age: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This application **MUST** be accompanied by a non-refundable \$90.00 deposit.

Balance is due by the first day of camp.

**Check Desired Session(s) or Week(s):**

Session 1: July 9 - 20       Session 2: July 23 - Aug 3

**Individual Weeks**

Week 1: July 9       Week 3: July 23  
 Week 2: July 16       Week 4: July 30

### Camp Shirts (\$10) and Caps (\$10)

(please include payment for shirt and cap with camp tuition)

**Shirt Size:**    BM    BL    MS    MM    ML    MXL  
 (please circle one)

**Hat Size:**    MS    ML  
 (please circle one)



### For Office Use Only

**Date Received:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

**Deposit Received:** \_\_\_\_\_

**Balanced Paid:** \_\_\_\_\_