



2016 SUMMER CAMP/CLINIC REGISTRATION

Player's Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Alternate Contact Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

CAMP / CLINIC NAME	DATES	COST Cash/Check	ATTENDING
5 Tool - MVP	June 27th - June 30th	\$299	
Mike Just's Vacation Bible Clinic	July 25th - July 28th	\$199	
TOTAL FEE FOR PLAYER Make Check Payable to "Just Hits LLC"			

A \$50 non-refundable deposit is required at time of registration
Balance of Total Camp Fees are due 2 weeks prior to start date of camps

*****BELOW FOR JUST HITS USE ONLY*****

\$50 Deposit Date: _____ Received By Whom: _____

Payment Type: ___ Cash ___ Credit Card ___ Check (if check indicate check # here _____)

Balance or Payment in Full

Balance Payment Date: _____ Amount Received: \$ _____ Received By Whom: _____

Payment Type: ___ Cash ___ Credit Card ___ Check (if check indicate check # here _____)