

# 2018 SUMMER

July 23<sup>rd</sup> & 24<sup>th</sup>  
9am – 11am  
5-12 years old  
Legion Field  
\$25/person in advance  
\$30/person day of camp



**Form of Payment** *(Circle)*  
Cash    Check    Credit  
Check # \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

## Riverton Raider American Legion Baseball Team Youth Skills Camp Registration Form

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade *(Fall of 2018)*: \_\_\_\_\_ Gender *(Circle)*: Male or Female

T-Shirt Size *(Circle)*: YS    YM    YL    AS    AM    AL    AXL

Current Team You Play For: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
*(If participant is under 18, please provide us with a parent/guardian name and phone number)*

Emergency Contact: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### More Information

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