

# **PRESIDENTS' WEEK CAMPS**

ants of the Unite

FOR PLAYERS AGES 6 through 13 MONDAY FEBRUARY 20 THRU FRIDAY FEBRUARY 24

### **PW CAMP 1**

Full day session 9AM - 4PM Members - \$399.99 Non-members - \$499.99 (includes catered lunch) **CAMPS INCLUDE:** 

HITTING, BASERUNNING FIELDING, THROWING PITCHING, CATCHING

TAUGHT BY NJ'S FINEST COACHES

## **PW CAMP 2**

Half day session 9AM - 1PM Members - \$299.99 Non-members \$349.99

Can't make the whole week? Pro-rated plans available. Call for details.

#### REGISTRATION

By mail: 107 Pleasant Ave, Upper Saddle River, NJ 07458 \* Fax: 201-760-8820 \* Phone: 800-282-4638 Internet: www.baseballolinics.com Yes I will attend PBI PW Camp #

| Name:                                                                                                                  | D.O.B       | #<br>Price - \$299 (half day) / \$399 (full day) |
|------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|
| Address:                                                                                                               |             |                                                  |
| Town:                                                                                                                  | State: Zip: | Total Due \$                                     |
| Phone #:                                                                                                               | Cell #:     |                                                  |
| E-Mail Address:                                                                                                        |             | _ AMEX<br>_ VISA                                 |
| Parents Names:                                                                                                         |             | Master Card                                      |
| I CERTIFY THAT MY CHILD IS IN GOOD PHY                                                                                 |             |                                                  |
| SCHEDULE OF EVENTS. IN CASE OF EMERGENCY I GRANT PERMISSION FOR MY CHILD TO BE<br>GIVEN TREATMENT AT A LOCAL HOSPITAL. |             | Exp. Date                                        |
| Parent's Signature:                                                                                                    |             | Signature                                        |

#### www.baseballclinics.com REGISTER TODAY! CALL 800-282-4638