



# PROFESSIONAL BASEBALL INSTRUCTION TEACHERS CONVENTION CAMP

## THURS NOV 10 FRI NOV 11

### TWO GREAT CAMP OPTIONS FOR PLAYERS AGES 6-13

**CAMP 1**  
**FULL DAY 9A-4P**  
**(includes lunch)**  
**1 DAY - \$79.99 Members,**  
**(\$99.99 non-members)**  
**2 DAYS - \$159.99 Members**  
**(\$199.99 non-members)**

**CAMP 2**  
**HALF DAY 9A-1P**  
**(bring lunch)**  
**1 DAY - \$59.99 Members**  
**(\$69.99 non-members)**  
**2 DAYS \$119.99 Member**  
**(\$139.99 non-members)**

**Both camps offer hitting, fielding, throwing,  
base running, & pitching with  
New Jersey's *FINEST* baseball coaches!**

### REGISTRATION

By mail: 107 Pleasant Ave, Upper Saddle River, NJ 07458 \* Fax: 201-760-8820 \* Phone: 800-282-4638  
Internet: [www.baseballclinics.com](http://www.baseballclinics.com)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents Names: \_\_\_\_\_

I CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL CONDITION AND CAN PARTAKE IN THE DAILY SCHEDULE OF EVENTS. IN CASE OF EMERGENCY I GRANT PERMISSION FOR MY CHILD TO BE GIVEN TREATMENT AT A LOCAL HOSPITAL.

Parent's Signature: \_\_\_\_\_

Yes I will attend PBI TC Camp  
# \_\_\_\_\_ ON THURS/FRI  
(circle one or both)

Price - \_\_\_\_\_

Total Due \$ \_\_\_\_\_

#### Method of Payment

Check (Made payable to PBI, Inc.)

VISA

Master Card

AMEX

(circle one)

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**[www.baseballclinics.com](http://www.baseballclinics.com)**

**REGISTER TODAY! CALL 800-282-4638**