

PEAK PERFORMANCE BASEBALL

SPRING BREAK CAMP PLAYER SIGN-UP

PLAYER NAME _____

CAMP ATTENDING (circle one): Session 1: Age 7-10 / 9:00 AM- Noon
Session 2: Age 10-12 / 1:00-4:00 PM (advanced 10s)

ADDRESS _____

No. Street Apt.

City State Zip

Home Phone Cell Email

Age _____

T-Shirt Size (YM, YL, AS, AM, AL) _____

PAYMENT TYPE

Total Amount \$ _____

Method of Payment: Cash Check (*payable to Peak Performance Baseball*)
 MasterCard Visa Discover
 Paypal

- - - / _____

Account No.

Exp. Date

Billing Address _____

No. Street

City/State _____ Zip _____

I authorize Peak Performance Baseball to charge my credit card for the above amount.

Cardholder Name

Signature

To be completed by Peak Performance Baseball:

PAYMENT RECEIVED _____

Date

AMOUNT _____

Signature