

PEAK PERFORMANCE BASEBALL

SUMMER CAMP PLAYER SIGN-UP

PLAYER NAME _____

CAMP ATTENDING (circle one): Session 1: June 14-17 Age 7-11 / 9:00 AM- Noon
Session 2: July 12-15 Age 7-11 / 9:00 AM- Noon

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 _____ AMOUNT _____

Date

Signature

