

USSSA Camp/Clinic Registration Form

What camp will you be attending? Check one:

_____ Thursday, June 10th. 8:30am – 3:00pm. **10U – 18U** - \$80

_____ Friday, June 11th. 8:30am – 3:00pm. **10U – 18U** - \$80

_____ Saturday, June 12th. 8:30am – 3:00pm. **6U – 12U** - \$80

Participant Name: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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

Bats: _____ Throws: _____

Primary Position: _____ Secondary Position: _____

School: _____

SPGF Team: _____

Travel Team: _____

Make checks out to "SPGF"
Mail this form and checks to:

Josh Forburger
6548 84th street
Lubbock, TX. 79424