

**REGISTRATION: CASH OR CHECK ACCEPTED** (Make checks payable to ALA Booster Club) **DUE first day of camp.** Checks can be mailed to the high school (23908 S Hawes Rd, Queen Creek, AZ 85142, attn: John Kuntz)

Participants Name:		Gra	de Entering	: Age:	
Session Attending (Check One):	: ☐ Youth Cai	mp (June 4 <sup>th</sup> -8 <sup>th</sup> )	□Adv	anced Camp (Jun	e 11 <sup>th</sup> -15 <sup>th</sup> )
Parent/Guardian Name:				T-SHIRT SIZE	
Email Address:				☐ Youth Sm ☐ Youth Md ☐ Youth Lrg	
Mailing Address:				☐ Adult Sm	□ Adult Md
City:	State:	Zip:		☐ Adult Lrg	☐ Adult XL
As a condition to participating in the ALA Baseball Camp, I as the parent or legal guardian of					
Parent Signature		Dat	te		

Emergency Contact phone #

**Emergency Contact Name**