

www.clemsonbaseballcamp.com
www.jackleggett.com

Make checks payable to: **Jack Leggett Baseball Camp, Inc.**
Bank Checks or Money Orders are Required
(Cash is also acceptable on arrival)

PLEASE TYPE OR PRINT CLEARLY

CLIP AND MAIL
2010
APPLICATION FORM
(Feel Free to Copy)

Please Circle Session You Wish To Attend

Check One: Overnight or Commute

Ages 12-17 **June 27- July 1** **July 11-15** **July 18-22**

These 3 sessions end with the Awards Ceremony at 4:30 pm at the Stadium

Ages 8 - 11 **June 28-July 2** **(9:30 a.m. - 12:30 p.m.)**

Name _____
LAST FIRST M.I. NAME YOU PREFER

Mailing Address _____

City _____ State _____ Zip _____

School _____

Roommate Preference _____ *(must send in applications together)*

Health Insurance Company _____

Insurance Policy Number _____

Please mail to:

Coach Leggett
P.O. Box 283
Clemson, SC 29633
Camp Phone: 864-882-3858

(New Address and Phone) Camp Fax: 864-656-7324

Birthdate _____ Hgt _____ Wgt _____

Position _____

Name of Parents _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____

Age at Camp ____ Grade in Fall 2010 ____ H.S. Graduation Year ____

(Check One)

\$545 full payment enclosed

\$100 non-refundable deposit enclosed

\$430 full payment for Commuter Camper enclosed

\$205 full payment for 1/2 Day Camper enclosed

DO NOT FILL IN

Amount Paid _____

Amount Due _____

Receipt No. _____

NOTICE: PLEASE DO NOT CALL COACH LEGGETT AT THE CLEMSON ATHLETIC DEPARTMENT IF POSSIBLE