

Make checks payable to: **Jack Leggett Baseball Camp, Inc.**

## 2012 Application Form

Grades 9-10-11-12 only

Full Payment is \$290

PLEASE TYPE OR PRINT CLEARLY



Preferred registration: Friday 7:30 PM - 9:00 PM at Comfort Inn, Clemson  
or

Check-in 8:00-8:45 AM, Saturday, December 1 at Jervey Gym  
December 1-2, 2011 ----- 9:00 AM - 4:00 PM each day  
Pick-up at 4:00 PM, Tiger Field on Sunday, December 2

Name \_\_\_\_\_  
LAST FIRST M.I. NAME YOU PREFER

Mailing Address \_\_\_\_\_

Zip \_\_\_\_\_

Name of Parents \_\_\_\_\_

School \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Check here if attended a 2011 Summer Baseball Camp session at Clemson

Which week did you attend? \_\_\_\_\_

Birthdate \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in Fall 2012 \_\_\_\_\_

Age to camp \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Specialty Position \_\_\_\_\_

Please mail to: Coach Jack Leggett  
P.O. Box 283  
Clemson, SC 29633

Fall Camp Phone: 864-656-1691  
from 7:00 PM - 10:00 PM  
Fax #: 864-656-7324

Full Payment is \$290

DO NOT FILL IN

\* Circle the specialty camp you are attending

- 1. Pitchers Only
- 2. Catchers/Hitters
- 3. Infielders/Hitters
- 4. Outfielders/Hitters

Amount Paid \_\_\_\_\_

Amount Due \_\_\_\_\_

Receipt No. \_\_\_\_\_

*"Clemson Tiger Baseball Camps are committed to following all pertinent NCAA, ACC and University regulations regarding the operations of camps and clinics."  
Pro-rated camp rates are available if the camper cannot attend the entire session.*

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