

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

2010 Application Form

Grades 9-10-11-12 only

Full Payment is \$275

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 4 at Jervey Gym
December 4-5, 2010 ----- 9:00 AM - 4:00 PM each day
Pick-up at 4:00 PM, Tiger Field on Sunday, December 6

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 2010 Summer Baseball Camp session at Clemson

Which week did you attend? _____

Birthdate _____ Hgt _____ Wgt _____

City _____ State _____

Work Phone _____

Home Phone _____ Grade in Fall 2010 _____

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 \$275

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