

**MAKE CHECKS PAYABLE TO:**

Rise Ball Camps & Clinics

22 Devon Drive North

Manalapan, NJ 07726

**\*ATTACH ONE Check per team**

**AUGUST TEAM CAMP REGISTRATION FORM**

\* No Refunds on Team Registration \* Check MUST Accompany Registration

\* Team Rate ONLY When Registering ALL Players at Same Time

|  |
| --- |
| **TEAM NAME: AGE GROUP (CIRCLE):** 12U 14U 16U 18U |
|  |  |  |  |
| **COACH/CONTACT NAME:** |  **CONTACT EMAIL:** | **CONTACT PHONE NUMBER:** |  |
|  |  |  |  |
| **PLAYER NAME (First, Last)** | **PLAYER/PARENT EMAIL** | **GRADE/HS YEAR****Entering in Fall 2024** | **PRIMARY POSITION****P/C/Mif/Of/1B/3B** | **SECONDARY POSITION****P/C/Mif/Of/1B/3B** | **T-Shirt Size****S-M-L-XL** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  **TEAM CAMP RATES**  **6+ Players - $395.00 per player** **Non-team rate - $450.00 per player** **Minimum of 6 players per team** **Each Player or Parent’s email MUST be listed** **Future Camp Credit/Player Substitution Only/No Refunds** |