

**MAKE CHECKS PAYABLE TO:**

Rise Ball Camps & Clinics

22 Devon Drive North

Manalapan, NJ 07726

**\*ATTACH ONE Check per team**

**NOVEMBER 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**  **Fall 2024**  **7th/8th/F/SO/JR/S** | | **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 is $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** | | | | | | | | |