

# 2010 College Softball Camp

January 2-3, 2010 - Coquille Complex - Covington, LA

[www.collegesoftballcamp.com](http://www.collegesoftballcamp.com)

Please Return to P. O. Box 2829

Covington, LA 70434

With Payment & Medical Release signed by Athlete and Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Travel Team: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ DOB: \_\_\_\_\_ Position(s): \_\_\_\_\_

Do you want pitching instruction? Yes No (Circle One) Do you want slapping instruction? Yes No (Circle One)

Do you want catching instruction? Yes No (Circle One) NCAA Initial Eligibility Filed? Yes No (Circle One)

Please make \$150 check payable to College Softball Camp. Don't forget to mail the Medical Release form also.

Mail to:  
College Softball Camp  
P. O. Box 2829  
Covington, LA 70434

Signature: \_\_\_\_\_