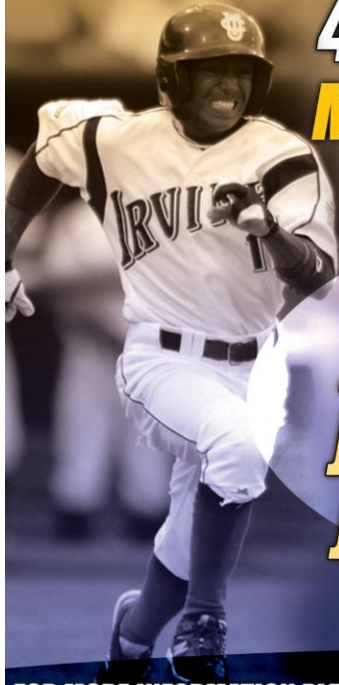




# YOUTH BASEBALL SUMMER CAMPS

**4 SESSIONS \$250**  
**MON - THURS: 9AM - 3PM**



**JUNE 28th - JULY 1st**  
**JULY 12th - JULY 15th**  
**JULY 19th - JULY 22nd**  
**JULY 26th - JULY 29th**



**FOR MORE INFORMATION PLEASE VISIT [www.anteaterbaseballcamps.com](http://www.anteaterbaseballcamps.com) OR CALL 949-824-6120.**

### PERSONAL INFORMATION

Participant's Name: \_\_\_\_\_ Gender: M F  
Email: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_

### MEDICAL INFORMATION

Current Medication: \_\_\_\_\_  
Medical History: \_\_\_\_\_  
Allergies: \_\_\_\_\_

- Make checks payable to "UC Regents." include camper's name on check. \$25 Returned Check Fee.
- \$75.00 per session
- Full Payment
- VISA
- MASTERCARD

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 UC Irvine Faculty/Staff or Alumni Association member discount. Enclose photocopy of Staff ID or Membership Card.