

Throwzone Academy

2022 Summer Camp Registration

Athlete's Name: _____

Birth Date: _____

Address: _____

City: _____ State: _____

Zip: _____

Day Phone: _____

Evening Phone: _____

Email: _____

College, High School,
Travel, or League Name: _____

Payment

Please select from one of the following options below and include a \$100 deposit to reserve your spot at the camp.

_____ I'm enrolling for _____ weeks.

Dates attending: _____

AM or PM session: _____

_____ I'm enrolling for the entire 8-week summer program.

AM or PM session: _____