

# 2024 Throwzone Academy Summer Camp Registration

\_\_\_\_\_ Yes, Sign me up...I am all in for summer training!

Athlete's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Eve. Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

College, High School, Travel or League : \_\_\_\_\_

## \*Payment\*

I have / am enclosing a deposit for \$100 for the summer camp

\_\_\_\_\_ *I am enrolling for \_\_\_\_\_ weeks*

\_\_\_\_\_ *Dates*

\_\_\_\_\_ *I am enrolling for entire 8 week program*

\_\_\_\_\_ *AM / PM Session*

\_\_\_\_\_ *10a or 1pm time slot*