

# CATCHER'S CAMP REGISTRATION

*(Dates: Oct. 31; Nov. 7, 14, 21, and 28; Dec. 5, 12, 19)*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth**    /    / \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Emergency Phone #** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

Cost is \$165 (please remit by Oct. 21, 2009)  
Non-refundable checks made payable to "MCC Baseball"

Send to:  
Baseball Office  
Monroe Community College  
1000 East Henrietta Road  
Rochester, NY 14623