

2010 BOBCAT FALL LEAGUE CAMP

REGISTRATION FORM

CLINIC ON OCT. 21ST 6:00 PM; GAMES FROM OCTOBER 25-NOVEMBER 18

EACH TEAM IS GUARANTEED TWO GAMES PER WEEK

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

CELL NUMBER: _____

HIGH SCHOOL: _____ JERSEY NUMBER: _____

GRADE: _____ PRIMARY POSITION: _____ SECONDARY POSITION: _____

TSHIRT SIZE: _____

IN CASE OF EMERGENCY CONTACT: _____

PHONE: _____

LOCATION: BOBCAT SOFTBALL COMPLEX

PRICE: \$75.00

MAKE CHECKS PAYABLE: BOBCAT DIAMOND CLUB

MAIL THIS FORM, WAIVER AND CHECK TO:

CHRIS ROBINSON, HEAD SOFTBALL COACH

JONES COUNTY JUNIOR COLLEGE

900 SOUTH COURT ST. BOX 8125

ELLISVILLE, MS 39437

IF YOU HAVE ANY QUESTIONS EMAIL OR CALL chris.robinson@jcc.edu or 601-477-4264