

AQUASOX BASEBALL CAMP



WHEN

August 14-16, 2019

9 AM – 12 PM

WHERE

Funko Field

3900 Broadway, Everett WA 98201

INCLUDES • Instruction from AquaSox Players & Coaches on Baseball Fundamentals • August 16 AquaSox Game Ticket • Daily Lunch • Camp Shirt • Autograph Session • On-Field Celebration • Fun for Campers Ages 6-12 • Shenanigans

More info : www.AQUASOX.com
OR CALL : **(425) 258-3673**



AUGUST 14-16
9 AM-12 PM
ONLY \$175 PER CAMPER

EARLY BIRD SPECIAL

\$150 if registered before July 12, 2019

KIDS 6-12 INVITED

Learn baseball fundamentals from AquaSox coaches & Mariners minor league players

INCLUDES FREE TICKET TO AUG 16 GAME!

Campers will be recognized on the field before the AquaSox take the field on August 16

QUESTIONS?

Call **Alex** at
(425) 258-3673
or email
alexc@aquasox.com

AquaSox Baseball Camp Registration

Player's Name: _____

Age: _____ T-Shirt Size _____

Address : _____

City: _____ State: _____ Zip: _____

Player's Name (if multiple): _____

Age: _____ T-Shirt Size _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Age: _____ T-Shirt Size _____

PLEASE READ AND SIGN BELOW:

I hereby authorize the Everett AquaSox to act for me in any emergency, and hereby waive and release Everett AquaSox and 7th Inning Stretch, LLC., its instructors and staff from any and all liability for any injuries or illness sustained while in attendance at the Camp. I further understand that attending a Camp of this kind can be dangerous. Drills and game situations that are used will create the danger of being struck by batted or thrown balls. I accept full responsibility for the above student's medical bills and all other associated expenses as a result of injuries or illnesses sustained while in attendance. I also understand that the above student is attending the Camp at his or her own risk. I understand that all payments are final and any refund requests are at the sole discretion of 7th Inning Stretch LLC. A check, money order or charge card authorization must accompany this application and will only be returned if the Camp is full.

Parent/Guardian Name: _____

Phone: (_____) _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: (_____) _____

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|--|-------|------|-------|---|------------------------|
| A) Number of AquaSox Baseball Campers
<i>(\$150 Price only available through July 12)</i> | _____ | X \$ | _____ | = | _____ |
| B) Number of comp tickets to 8/16 game | _____ | X \$ | _____ | = | _____ |
| C) Additional tickets to 8/16 game | _____ | X \$ | 10.00 | = | _____ |
| D) Total of lines A, B & C | | | | = | _____ Total Due |

1. Please make checks payable to: Everett AquaSox
2. Please do not send cash through the mail.
3. For security reasons, we strongly prefer to process credit cards over the phone or at the ticket office.
4. Please send payment to: Everett AquaSox Baseball Club ♦ 3802 Broadway ♦ Everett, WA 98201

Credit Card Number: _____ Expiration Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____

authorized signature for credit card transactions date