



323A Fairfield Road
Freehold, NJ, 07728
Phone: 732-409-1132 * Fax: 732-409-1179
www.32Count.net

All Skills Baseball and Softball Indoor Camp

Name: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ School: _____
Parent/Guardian: _____ Emergency Phone #: _____
Email: _____ Cell #: _____

T-shirt Size (please circle one) **YL YXL AS AM AL AXL**
Camp Dates: **June 29-July 3** **July 13- 17** **July 27-31**
 August 10-14 **Aug 24-28**

Camp Time: **9:00 am – 12:00 noon (Ages 6 – 11)**
 1:00 pm – 4 pm (Ages 12 and up)

All campers will receive a Camp T shirt

Head Instructor: Coach Anthony Puzzo

Tired of the kids coming home from camp and not learning anything?

This camp will focus on fundamentals of the game: Hitting – Bunting – Pitching –
Rundowns – Catching – Cutoffs – Sliding – Base running – Fielding –
Mental approach – Speed, Agility and Quickness –
Lecture, games situations & More...

Cost: \$225 per child per camp (no meals provided)
\$25 sibling discount, \$25 multicamp discount

Students will be divided up by age and skill level. Sign up **NOW** to insure your spot.

Payment Type

Check (Amount) _____ Check #: _____

Make checks payable to: 3-2 Count Athletic Training Facility

Cash (Amount) _____

Credit Card No. _____ Exp. Date: _____

Type of Card Visa MasterCard Amount to be charged: \$ _____

Name on Card: _____

Charge Card Authorization Signature: _____

Parental Authorization

I hereby authorize the staff at 3-2 Count Athletic Training Facility to act in their best judgment in any emergency requiring medical attention. I agree to waive and release 3-2 Count Athletic Training Facility, its staff and landlord from all liability for any injuries, losses or damage while attending a 3-2 Count Athletic Training Facility or its premises. I further state that the participant listed above is physically able to participate in the Program.

Parent or Guardian: _____ Date: _____

Print Name Please

Parent or Guardian: _____

Signature