



# **SOUTHERN BALL ACADEMY**

## **2017 BASEBALL CAMPS**

**Time: 9:00 - 1:00 half day**  
**9:00 - 4:30 all day**

(Drop off at 8:00 a.m.; pick-up at 5:00; **Friday's end at 1:00**)

**\*\*Indoor and Outdoor Facility\*\***  
**\*\*Air-conditioned Batting Cages\*\***  
**\*\*Camp T-shirts\*\***

### **Ages 7 - 12**

### **Cost**

<b>Week 1</b>	June 5 - 9	\$185.00 all day/per week
<b>Week 2</b>	June 12 - 16	<b>OR</b>
<b>Week 3</b>	June 19 - 23	\$160.00 half day/per week
<b>Week 4</b>	June 26 - 30	
<b>Week 5</b>	July 10 - 14	
<b>Week 6</b>	July 17 - 21	
<b>Week 7</b>	July 24 - 28	

Lunch provided for all day campers

Early Registration Encouraged

Campers need glove, hat and bat, tennis shoes and cleats

✂ ..... ✂ ..... ✂ .....  
*The parent, or guardian, by signing this form, hereby releases SBA, Coaches, instructors, sponsors, and personnel from liability for accident, injury, sickness, or lost/stolen equipment which may occur to and from the camp/clinic and during camp/clinic hours.*

Print Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Week(s)#: Attending \_\_\_\_\_ **ALL DAY** \_\_\_\_\_ **HALF DAY** \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**For More Information Contact Stephanie Rehbergat 850-514-2255 [sbeasley@southernball.com](mailto:sbeasley@southernball.com)**

**Make Checks Payable to: SBA**  
**2017**

**4098 North Monroe St. Tallahassee, FL 32303**