

2009 TOTAL INSTRUCTIONAL BASEBALL CAMP

****Camp Director: Lee Saverio, Associate Scout, N.Y. METS;****
former D-1 College Head Coach, La Salle U. and St. Joseph's U.

SESSION 1 - JUNE 22-26

Location:Cheltenham High School(Wyncote, PA)

Time: 9:00 a.m. to 2:30 p.m.

Ages: 8-16 **Cost:** \$190

All Deposits received by May 23, 2009 will be eligible for a drawing to win a **free week at camp**

Make checks payable to:

TIBC- Lee Saverio

SESSION 2 - JULY 6-10

Location: Deep Meadow Park (Horsham, PA)

Time: 9:00 a.m. to 2:30 p.m.

Ages: 8-16 **Cost:** \$190

Return registration form to:

TIBC- c/o Lee Saverio

543 Vestry Drive

Ambler, PA 19002

For more information, call 215-628-2224 or e-mail bsaverio6@msn.com

Visit our web site at www.TIBC.com

APPLICATION

I am enclosing the required **30% deposit** with this application and agree to pay the remaining balance no later than **14 days before the selected reporting date**

Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Emergency #** _____

Age _____ **Birthdate** _____ **T-Shirt Size** _____

School Last Attended _____

Last Grade Finished (6/09) _____ **Which Session** _____

In consideration of your acceptance of this camp entry, I hereby for myself, my heirs, my executors and administrators, waive any rights and claims for damages I may have against the sponsors, coordination groups, owners and individuals or groups associated with the event, their representatives, successors and assigns, and will hold the harmless for any and all injuries suffered in connection with TIBC, Inc., who also will not be held responsible for loss of any personal items. I give permission for the free use of camper's name and picture in print media, broadcast, telecast, or internet sources relating to this camp. Please alert TIBC, Inc. To any special medical conditions.

Please note any medical conditions that we should be aware of:

I hereby authorize th staff of the Total Instructional Baseball Camp to act for me in accordance with their best judgement in any emergency requiring medical attention and I hereby waive an release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined in this brochure.

Parent or Guardian Signature

Name of Health Insurance Provider

Amount enclosed: _____