





Phone: (919) 269-2287

of the Triangle

Fax: (919) 269-4910

Class A Advanced Affiliate of the Cleveland Indians • Member of the Carolina League

Zebulon, NC 27597

## **Carolina Mudcats Baseball Clinic**





Come join the Carolina Mudcats players and coaches to learn the fundamentals of fielding, throwing, sliding and hitting! Each camper is responsible for bringing a glove, bat and any safety equipment normally worn in organized play. Please remember to label ALL equipment. Water and snacks will be provided during the clinic. An autograph session will take place at the end of the day.

What: Carolina Mudcats & Miracle League of the Triangle Baseball Clinic Date: Saturday, May 25, 2013 Time: 10:00 a.m. to 12:30 p.m. (Registration begins at 9:30 on 3<sup>rd</sup> base side of stadium) Where: Five County Stadium Deadline to Register: Wednesday, May 22, 2013

Each participant will receive a lower level box seat ticket to watch the Mudcats vs. the Winston-Salem Dash that evening at 6:15 p.m. Parents and siblings will also receive free tickets for the game.

Please fill out the registration form below and return it to: Carolina Mudcats, Attn: Lindsey Lynch, PO Drawer 1218, Zebulon, NC 27597 or fax to (919) 269-4910 Questions? Call (919) 269-2287 or email at <u>llynch@GOMUDCATS.com</u>

Camper's Name: \_\_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_Age: \_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_Age: \_\_\_\_Age: \_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_\_\_Age: \_\_\_

Parent/Guardian:

Day Phone: \_\_\_\_\_\_Cell Phone: \_\_\_\_\_

# of Tickets Needed: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any allergies/medical conditions that the camper may have:

I, the undersigned, agree to allow the camper listed to participate in the Mudcats Baseball Clinic and understand the Carolina Mudcats Organization, its players and employees are not responsible for any injury or illness sustained during the camp. I also hereby consent without further consideration or compensation to the use (full or in part) of all video, photographs, or voice for the purposes of illustration, broadcast, or distribution in any manner by the Carolina Mudcats Professional Baseball Club, Bait Shop Incorporated (concessionaire of the Mudcats) and their entities.

Parent/Guardian Signature: \_\_\_\_\_

Date:

Camper will not be allowed to participate without parent/guardian signature

