



MID-ATLANTIC

Visiting College Coaches Instructional Camps for Ages 14-18

*Be seen by and work hands-on with coaches
from 30 of the Top D-1 Colleges in the USA!*

3 Sats - Dec. 5, 12, 19 or 3 Suns - Dec. 6, 13, 20

Regular Cost: \$445 Register Before Nov 15: \$395

CMP #	CAMP TYPE	AGES	DAYS	DATES	TIMES
HD 604	Mid-Atlantic PITCHERS	Ages 14-18	3 Sats	Dec 5, 12, 19	9 AM - 12 N
HD 605	Mid-Atlantic CATCHERS	Ages 14-18	3 Sats	Dec 5, 12, 19	9 AM - 12 N
HD 606	Mid-Atlantic INFIELD/OUTFIELD	Ages 14-18	3 Sats	Dec 5, 12, 19	1 - 4 PM
HD 607	Mid-Atlantic PITCHERS	Ages 14-18	3 Suns	Dec 6, 13, 20	9 AM - 12 N
HD 608	Mid-Atlantic CATCHERS	Ages 14-18	3 Suns	Dec 6, 13, 20	9 AM - 12 N
HD 609	Mid-Atlantic INFIELD/OUTFIELD	Ages 14-18	3 Suns	Dec 6, 13, 20	1 - 4 PM

Central FL
Coastal Carolina **Miami** **Sienna**
East Carolina **Maryland** **South Carolina**
Elon **Monmouth** **Stanford**
FDU **UNC** **St Joe's**
Fordham **Princeton** **Stony Brook**
George Mason **Richmond** **Temple**
Georgia **Rider** **U Conn**
Hofstra **Rowan** **Va Tech**
Lafayette **Rutgers** **Villanova**
LIU **Seton Hall** **Virginia**

ALSO: Junior Mid-Atlantic Camp

for Youth League Players Ages 11-13

3 Fridays -- Dec. 4, 11, & 18

Regular Cost: \$275 Register Before Nov 15: \$225

CMP #	CAMP TYPE	AGES	DAYS	DATES	TIMES
HD 601	JR Mid-Atlantic HITTERS	Ages 11-13	3 Fridays	Dec 4, 11, 18	6 - 7:30 PM
HD 602	JR Mid-Atlantic PITCHERS	Ages 11-13	3 Fridays	Dec 4, 11, 18	7:30 - 9 PM
HD 603	JR Mid-Atlantic CATCHERS	Ages 11-13	3 Fridays	Dec 4, 11, 18	7:30 - 9 PM

1-800-HIT-DOCTOR

2009 MID-ATLANTIC VISITING COLLEGE COACHES INSTRUCTIONAL CAMP
REGISTRATION FORM

Submit completed form with payment. If we don't confirm by phone or mail before camp, call to make sure you're registered.

BY MAIL: Hit Doctor Baseball c/o Barth, 6 Bicentennial Court, Erial, NJ 08081

ONLINE: www.thehitdoctor.com w/ credit card **BY PHONE:** 856-354-0201 w/ credit card **BY FAX:** 856-354-0818 w/ credit card

Faciltiy location: 333 Preston Ave, Unit 1, Voorhees, NJ 08043 (The Coliseum)

Plyr Last Name: _____ Plr First Name: _____

LIST CAMP #s HERE
(Ex: MA 601 + Camp Type)

AGE: _____ DATE OF BIRTH: _____mm/____dd/____yy Ht _____ Wt _____

Bats: _____ Throws: _____ Position: _____

Nm of School: _____ Grad Year _____

Parent Name: _____ Home Ph: (_____) _____ Cell Ph: (_____) _____

Player's Mailing Address: _____

City, State & Zip: _____

E-mail Address(es): _____

PAYMENT INFO: All registrations must include at least \$100 non-refundable deposit.

Checks/Money Orders Pay to: Hit Doctor All Balances Due 1 WEEK PRIOR to Camp Date. NO PAYMENTS AT CHECK-IN.

Checks/Money Orders payable to: Hit Doctor Amount: _____ \$100 Dep Only OR Full Camp Fee(s) \$ _____

Credit Card Payment: Credit Card #: _____ - _____ - _____ - _____

Visa/MC _____ AmEx _____ Expires: _____ / _____ (Mo / Yr) Print Name on Credit Card: _____

House # + Zip Code of Card Billing Address (if different from Mailing Address above) _____

By applying to participate in this camp, I agree to hold harmless Hit Doctor® New Generation, Inc. & their representatives of any and all liability to me or my child as a result of attending this camp. My child is physically fit to participate in the camp(s) chosen.

PARENT/GUARDIAN SIGNATURE: _____