

Mrs. Mr. Dr. Ms. Mother/Parent/Guardian First Name Initial Last Name

Business Phone -- Ext. Cell Phone -- E-mail Address

Mr. Mrs. Dr. Ms. Father/Parent/Guardian First Name Initial Last Name

Business Phone -- Ext. Cell Phone -- E-mail Address

Street Address

City State Zip Code

Home Phone #1 -- Home Phone #2 --

The camp has my permission to give my home phone number to other camp families if requested during the camp season: YES NO

Camper resides with: Mother/Parent/Guardian Father/Parent/Guardian Both
 Who should receive correspondence at the above address? Mother/Parent/Guardian Father/Parent/Guardian

Insurance Carrier _____ Insurance Numbers _____
 Family Physician _____ Phone (____) _____



SESSIONS & TUITION RATES

SESSION(S)	TUITION RATE	PER WEEK RATE
1 week	\$ 460.00	\$ 460.00
2 weeks	\$ 890.00	\$ 445.00
3 weeks	\$ 1,275.00	\$ 425.00
4+ weeks	\$ 425.00 / week	\$ 425.00

HOW TO ENROLL

1. Please complete both sides of this application, sign the back of this form, and return it with full payment or a \$175 deposit per camper. Please note: Full payment of the tuition is required for all applications sent after April 2, 2012.
2. Make checks payable to:
The Phillies Baseball Academy
3. Send this form to:
The Phillies Baseball Academy
750 E. Haverford Road
Bryn Mawr, PA 19010
4. Please be sure to sign Side 1 of this application form.

Due to the camp's objectives and unique format, enrollment is limited. You are encouraged to sign up early. Applications will be accepted on a first-come, first-served basis.

If this is your first year at the Academy, how did you hear about our camp?

- From a Friend: Name _____
 Home Phone (____) _____
- Newspaper Article Saw a Sign
- Flyer from School Ad/Internet (Source): _____
- Camp Fair Other: _____

EMERGENCY AND SECURITY INFORMATION

Please provide us with a "Camper Security Password" which will be required by PBA when you are requesting pertinent camper information, or making changes to your child(ren)'s schedule.

Password: Password Reminder:

Who is the emergency contact person in the event that both parents are unavailable?

Name	Relationship
(____)	(____)
Home Phone	Work Phone

Who is permitted to pick up your child(ren) other than parents?

Name	Relationship	Home Phone
		(____)
Name	Relationship	Home Phone

I am interested in:

- Car Pool Information
 Phillies Season Ticket Information

Do you have any friends to whom you would like us to mail a brochure?

1. Name _____
 Street Address _____
 City, State, Zip _____
 Home Phone (____) _____
2. Name _____
 Street Address _____
 City, State, Zip _____
 Home Phone (____) _____

Please list any children in your family not attending camp this summer whom you may consider for our camp in the future.

Name _____ Date of Birth ____/____/____
 Name _____ Date of Birth ____/____/____

If you have any questions or scheduling problems,
PLEASE CALL:
610.520.3400