



2010 Fall Tryout Camp

Participants Name _____ Date of Birth _____
Address _____
Email Address _____
Position _____
College _____ Years Played _____
Pro Experience: Yes or No If Yes, Team(s) _____
Drafted: Yes or No If Yes, Round _____ Height _____ Weight _____
Throws _____ Bats _____
Emergency Contact Name _____ Emergency Contact # _____

2010 FALL-DRAFT TRYOUT DETAILS

Saturday October 9th at GCS Ballpark in Sauget, IL (Rainout Date Sunday October 10th)

Registration at 8:00 a.m., stretch at 9:00 a.m.

\$50.00 per player

Must be 20 years of age or older

No players can be 27 years of age after January 1st, 2010

PAYMENT

Visa _____ MasterCard _____ AmEx _____ Disc. _____ Check _____

Credit Card Number _____ Exp. _____ CVC _____

Name as it appears on the credit card _____

Please make all checks and money orders payable and send to:
Gateway Grizzlies Baseball Club * 2301 Grizzlies Bear Blvd. * Sauget, IL 62206
Attn: Jeff O'Neill

I release and hold harmless the Gateway Grizzlies Baseball team and camp representatives, the employees, the complex being used, its representatives and employees from any and all liability to me as a result of attending this activity. Furthermore I am physically fit to participate in the daily program activities. I hereby authorize the staff of the Gateway Grizzlies to act for me in an emergency.

Signature of Participant

Date