



2012 Spring Try-Out

Participants Name _____ Date of Birth _____
Email Address _____ Phone Number _____
Mailing Address _____
Position _____ Hometown _____
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 # _____

2012 SPRING TRY-OUT DETAILS

Sunday March 11th at Centrefield Sports in London, ON
Registration at 8:00am, stretch at 9:00am, Camp 9:30am – 3:00pm
\$50.00 per Player in Advance or \$60.00 for Walk-Ins
Must be 20 years of age or older
No players can be 27 years of age after January 1st, 2012

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:
London Professional Baseball * 277 Summit Dr. * Waterford, MI 48328
Attn: Matt Dillard**

I release and hold harmless the London Rippers 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 London Rippers to act for me in an emergency.

Signature of Participant

Date