

## **Individual Camp Registration**

Event Type:	Camp/Clinic	
Event Name:		Location:
Dates:		City, State:
Age/Grades:		Entry Fee:

Player Name:	Parent/Guardian:	
Gender:	Primary Position:	
School:	Grade Entering:	
Height:	Weight:	
Address:	City:	
State:	Zip Code:	
Uniform Size:		
Comments:		

## PRIMARY CONTACT INFORMATION

Name:	Relation to Camper:	
Address:	City :	
State:	Zip Code:	
Work Phone:	Home Phone:	
Cell Phone:	Email Address:	

Mail Payment to:	
Midwest Youth Tournaments	
Team Camps	
1634 Church Camp Rd.	
Bedford, IN 47421	