SOFTBALL
CAMP/CLINIC REGISTRATION FORM

Camp/Clinic Name: __________________________ Date: __________

Name: ________________________________ Grad Year: ______
Address: ______________________________ Age: ______
City: _________________________________ State: ______ Zip: ______
Email: ________________________________
Cell: ________________________________ Home: __________________
Emergency Contact: __________________ Phone: ______
Relationship of Emergency Contact: __________________

Primary Position: ______________ Secondary Position: ______________
Other Positions: __________________________________
Bats: R / L Throws: R / L Time H to H: ______ Time H to 1st: ______

DOB: _______________ T-shirt size: S M L XL (circle one)

________________________________________

Email: kristen.zaleski@templejc.edu
Phone: 254-298-8528 / Fax: 254-298-8532
Mailing Address: Temple College Softball
   Attn: Kristen Zaleski – Clinic
       2600 South First Street / Temple, TX 76504

Cash and checks accepted (checks payable to TC Softball)