

# IRVINE SUMMER SOFTBALL CAMP

**Print and RETURN WITH PAYMENT by 6/21/10**

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Session(s) attending: \_\_\_\_\_

Med. Conditions: \_\_\_\_\_

Emergency contact#: \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt size:    Adult    Youth    S    M    L    XL