

Cooperstown Baseball World
Registration Form - Summer 2010 Season

Check One: 12U 13U 14U 15U 16U

Choose the week you would like to attend (you must indicate first, second, and third choices by entering a 1, 2, or 3 next to the appropriate dates)

<input type="checkbox"/> July 3 - July 9	<input type="checkbox"/> July 24 - July 30
<input type="checkbox"/> July 10 - July 16	<input type="checkbox"/> July 31 - August 6
<input type="checkbox"/> July 17 - July 23	<input type="checkbox"/> August 7 - August 13

TEAM INFORMATION

PLEASE PRINT

NAME: _____
TITLE: _____
TEAM NAME: _____
TEAM INSURANCE CARRIER: _____
YOUR ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____
HOME PHONE: _____ WORK PHONE _____
CELL PHONE _____ EMAIL: _____

PAYMENT SCHEDULE

**Cost: \$700 per person (required to bring an umpire) OR
Cost: \$750 per person (no umpire required)
\$150 Team Fee for Mandatory Secondary Insurance**

Deposit Due with Registration Form: \$1,000
**** (Refundable Until November 15, 2009) ****

2nd Payment Due: December 1	\$1,000
3rd Payment Due: February 1	\$1,000
4th Payment Due: March 15	\$1,000

Final Balance Due: May 1, 2010
(Balance dependent upon # of participants)

Cooperstown Baseball World
POB 530
Brick, NJ 08723
Attn: Debra Sirianni

Visa, MC, AMEX accepted for all payments
Call (888) CBW-8750 Fax (888) CBW-8720

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Cooperstown Baseball World is not affiliated with the National Baseball
Hall of Fame and Museum or Major League Baseball.

PAYMENT INFORMATION

FOR OFFICE USE ONLY

DEPOSIT: _____
DEC. PAYMENT _____
FEB. PAYMENT _____
MAR. PAYMENT _____
FINAL PAYMENT _____