2007 Field of Dreams

Holiday Baseball Camp

Scotland Yard, located at the McCullough Jr High Campus in The Woodlands, will be the site of the 3rd Annual Holiday Baseball Camp.

The Woodlands High School head baseball coach Ron Eastman will direct the camp along with his varsity assistants.

The camp will be moved inside if weather makes the field unplayable.

"Getting Ready for Tryouts"

One Day Skill Camp

Grades 1-6

Thursday, Dec. 20th
Friday, Dec. 21st

10:00 AM to 2:00 PM

Lunch is Provided

$50 per camper

$80 both days or sibling

Equipment: All players should furnish their own bats, gloves and shoes. Tennis shoes must be worn for indoor work due to inclement weather. For further information, please call Coach Eastman at 936-273-8585 during school hours, or after 6:00 PM at 281-296-9452 Or visit our website at www.WoodlandsBaseball.com

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2007 Field of Dreams Holiday Camp Registration Form

Complete, detach and mail form and insurance waiver along with payment** to: Field of Dreams Baseball Camp, 58 Sky Terrace, The Woodlands, TX 77381. Camp attendance will be limited.
** Payment should be by check made out to Ron Eastman.

Players Name _____ Age (as of 6/'07) _____ Current grade _____

Address _____
Street City / State / Zip

_____
Parent/Guardian Home Phone Work Phone

Check one option (select date as needed)

☐ **$50 Single Camper - 1 Day**
__ **Thurs 12/20** __ **Fri 12/21**

☐ **$80 Single Camper - 2 Days**

☐ **$80 Two Campers (Siblings) - 1 Day**
__ **Thurs 12/20** __ **Fri 12/21**

***** Scholarships are available on a limited basis. Contact Coach Eastman for information.**

In order for your child to be able to participate in the 2007 camp/activities, it is necessary for your to sign this statement indicating your understanding that the district does not carry insurance covering injuries your child may sustain.

By my signature, I am informing Conroe Independent School District that I understand that the district is not responsible for any accident or payments resulting from such accident In the event of injury to our child, we recognize that the Conroe Independent School District, its Board of Trustees, its agents and its employees are in no way liable for any injuries, medical expense, or damage and will have no insurance covering our child. We have made the choice on behalf of our child without any interference from anyone serving or employed by the Conroe Independent School District in any capacity

Dated this _____ day of _____, 2007. At least one signature is required.

_____ _____ _____
Father's Signature Mother's Signature Guardian's Signature