

Cooperstown Baseball World
Registration Form – Summer 2011 Season

Check One: 11U 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 2 – July 8 | <input type="checkbox"/> July 23 – July 29 |
| <input type="checkbox"/> July 9 – July 15 | <input type="checkbox"/> July 30 – Aug 5 |
| <input type="checkbox"/> July 16 – July 22 | <input type="checkbox"/> Aug 6 – Aug 12 |

Team Information

Please Print

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

PAYMENT SCHEDULE

Cost: \$735 per person (required to bring an umpire)
-OR-
Cost: \$770 per person (no umpire required)
\$150 Team Fee for Mandatory Secondary Insurance

Deposit Due with Registration Form: \$1000
**** (REFUNDABLE Until November 15, 2010) ****

2nd Payment Due: December 1 \$1000
3rd Payment Due: February 1 \$1000
4th Payment Due: March 15 \$1000

Final Balance Due: May 1, 2011
(Balance dependent on # of participants)

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

Visa & MasterCard accepted for all payment
Call (800) CBW- 8750 Fax (888) CBW- 8720

*Please note that we no longer accept
American Express.*

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