

BioForce 3-Day Elite Pitching Training Camp Registration Form

Friday, Nov 6th, 2009
Sat. Nov 7th, 2009
Sunday Nov 8th, 2009

6pm to about 9 pm
9 am to 12 pm 1:30pm to 4:30 pm
10:00 am to 1:00 pm

Call BioForce Baseball Academy for more information at **(503) 644-5500**

_____ I am enclosing a check in the amount of \$299 or

_____ Please charge my Credit Card \$299 or

_____ I registered on the BioForce Website.... www.bioforcebaseball.com

Parent/Guardian Name: _____ Athlete Name: _____

Athlete's Birthdate: _____ Grade this school year: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone# _____

Email Address: _____

Visa or MC# (Circle One) _____ cvs code _____ Exp _____

Checks can be made out to BioForce and mailed with this registration form to:

BioForce Baseball Academy
P.O. Box 1793
Lake Oswego, Or 97035
Phone (503) 644-5500
Email: support@bioforcebaseball.com
Fax: (503) 200-1960
Web: www.bioforcebaseball.com

Signature _____

Date: _____

Looking for lodging? Give us a call and we can help you find nearby hotels.

Location of the Camp will be at 1321 NE 76th Ave Suite A, Vancouver, Wa 98665