CAMPER NAME: _____

AGE DIVISION: 14U_____ 16U_____ 18U_____

Primary Position:_____

Other Positions:_____

HEAD COACH: _____

HEAD COACH PHONE NUMBER: (_____)_____

HEAD COACH EMAIL: _____

Parent Name: _____

Parent Phone:_____

Parent Email:_____

Mail $99 and registration form to:

USA Explosion
PO Box 989
Connell, WA 99362

Questions?
Call or email Ron Thompson
(360) 581-6767

harborfastpitch@aol.com