



Youth Baseball Camps

Please complete form and mail with your check* made out to:

Vermont Mountaineers Summer Camps
C/O Montpelier Recreation Department
58 Barre Street, Montpelier, VT 05602

*Please go back to the [Baseball Camps page](#) to determine the cost of your camp or clinic.

Camp(s) # Requested _____ Camp(s) Dates _____

Camper's Name _____

Address _____

City _____

State _____ Zip Code _____ Phone _____

Date of Birth _____ Age _____

School _____ Grade Entering _____

Emergency Contact _____

Contact Relationship _____

Contact Phone _____

Contact Email Address _____

NOTE: Please print email address legibly and accurately. Receipt of payment and all camp info will be sent to this email address.

The above-named youngster is physically fit to participate in the Vermont Mountaineers Summer Youth Baseball Camp. I hereby authorize the camp staff and directors to act according to their best judgment in any emergency.

Signature _____

Name Printed _____

Our Employer ID# is 13-4217344