



**SUMMER PREMIER CAMPS IN MILLTOWN!  
FUNDRAISER CAMP FOR MILLTOWN LITTLE LEAGUE**

**Power Pitching & Hitting (732) 586-1309 [www.pphbaseball.com](http://www.pphbaseball.com)**

**CHOICE OF FULL DAY (9am - 3pm) OR HALF DAY(9am - 12pm)!  
VERY AFFORDABLE AND LEARN FROM PROFESSIONALS  
ADVANCED INSTRUCTION AND TONS OF FUN**



**Camps Include Instruction in:**

- Hitting ● Fielding ● Catching ● Bunting●
- Base running
- Proper conditioning ● Arm Care
- Live Games Everyday

**BASEBALL/ SOFTBALL**

**SUMMER CAMP**

**(4 Day Camp/T-Shirt/Awards)**

**ONLY \$200**

**SUMMER CAMP DISCOUNTS**

- Sibling Discount - \$125 for second child**
- 1/2 Day Summer Camp Only - \$125 (9-12pm)**

**Dates and Location**  
**SUMMER PREMIER  
BASEBALL/SOFTBALL  
CAMP**  
**Times: 9am to 3pm**  
  
**Dates: Aug 26<sup>th</sup> – Aug 29<sup>th</sup>**  
**(30<sup>th</sup> is a rain date)**  
  
**Location: Milltown LL Fields**

*Please send check or money order, payable to POWER PITCHING & HITTING for amount of camp/ camps selected, with completed enrollment form, to us at: PO Box 241, Plainsboro, NJ 08536*

**LOG ONTO OUR SITE TO FOR ONLINE REGISTRATION!**

Player's First Name _____	Last Name _____
Street Address _____	City, State, Zip _____
Player's Age _____	Phone (____) _____
Mother's Name _____	Father's Name _____
Emergency Contact _____	Relationship _____
Emergency Phone _____	Email Address _____

Does the player have any medical condition that would preclude/restrict participation in the clinic?

YES    NO   If YES, please explain.

Primary Position: (Please Circle One)   P   C   IF   OF   T SHIRT SIZE   YM   YL   S   M   L  
What position do you want to learn most about during the camp?

Please Specify which week you are attending. (Circle one)  
FULL DAY   HALF DAY   ONLINE REG at [www.pphbaseball.com](http://www.pphbaseball.com)

*Waiver: I the undersigned, as a parent or guardian of the named applicant for entry into the clinic activities offered at Milltown Little League and Facilities & Adjacent Fields do hereby give permission and approval for the applicant's participation in Instructional Classes offered by Power Pitching & Hitting Professional Baseball Instruction, Inc. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release and absolve the organizers, sponsors, directors, managers, coaches, instructors, and participants from any claim arising out of injury to the applicant, my son/ daughter/ ward.  
Medical: I give my consent for any emergency medical/ surgical treatment to be given to my child. This treatment pertains to life threatening situations or any other medical emergencies such as fracture or suturing. I give my consent for the emergency to treat my child. This does not apply to elective surgery.*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date