



ANDERSON BASEBALL WINTER HOLIDAY VACATION CAMP REGISTRATION FORM

NAME: _____ **AGE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **E-MAIL ADDRESS:** _____

COST: \$100.00

PAY BY CREDIT CARD:

TYPE OF CARD (CIRCLE ONE): VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____ **SECURITY CODE:** _____

PAY BY CHECK:

WRITE CHECKS OUT TO 'ANDERSON BASEBALL ACADEMY'

SEND REGISTRATION FORM ALONG WITH CHECK OR CREDIT CARD INFORMATION TO:

**ANDERSON BASEBALL ACADEMY
P.O. BOX 6383
HOLLISTON, MA 01746-6383**

YOU CAN ALSO PAY BY CREDIT CARD OVER THE PHONE 508-259-4960