



ABR Player I.D. Camp

Held in Conjunction with the
USSSA 15U Summer International Championships

Tuesday, July 28th

Time – 10:00am

(Check-in begins at 9:30am)

Lippold Park
(Crystal Lake, IL)

Ages: 15U

Cost

- Team rate (up to 12 players) - \$850.00 (includes 1 magazine for team)
- Preregistered Individuals - \$85.00
- Onsite Registration - \$100.00
- All participants will receive an ABR ID Camp t-shirt.

Event Format:

Five tools skills evaluation (hitting, fielding, speed, power, arm strength). Pitchers & catchers will undergo a separate evaluation. Each participant may choose one position for the evaluation. Pitchers & Catchers may choose one fielding position in addition to the pitching or catching evaluation.



Event Purpose:

- Qualifier for the 2010 USSSA All-American Games Regional Tryout (14U, 15U & 16U)
- Skills evaluation used for player rankings and player profiles pages on the ABR website
- To provide participants with useful information on their current level of the game. All participants will have the ability to review their scores and comments on their Player Profile page.

** Important Disclaimer: Information collected at ABR events (excluding contact information and addresses) may be used by ABR for the ABR "Player Profile Pages." Individuals wishing not to have their information published on the "Player Profiles" must make a special request on the event registration form or via email (bwabick@abwcompanies.com)*



REGISTRATION INFORMATION

Part A: Waiver

I release ABR and all affiliates of all liabilities arising from any activities in the Player ID Camps for my child

X _____
Signature of Parent or Legal Guardian

Part B: Registration Option (Please check one)

- Option 1:** Team Rate-up to 12 players (\$850.00) (Please complete the Team Registration Form)
- Option 2:** Individual Preregistration (\$85.00)
- Option 3:** Onsite Registration (\$100.00)

Part C: Individual Registration

Participant Name	DOB	High School	HS Graduation Year
Street Address	City	State	Zip
Phone	Fax	Email	
Primary/Secondary Position	Bats/Throws	Height/Weight	

Part D: Team Registration

Team Name	Coach	Phone	Email
Street Address	City	State	Zip

Players Attending:

1.) _____ 2.) _____ 3.) _____ 4.) _____

5.) _____ 6.) _____ 7.) _____ 8.) _____

9.) _____ 10.) _____ 11.) _____ 12.) _____

Part E: Payment

Total Authorized Amount: \$ _____ Visa MasterCard Amex Discover Check / Money Order

Credit Card Number	Exp. Date	3 digit security code
Authorized Signature	Print Name	

**Please note: Amateur Baseball Report (ABR) has a "no refund" policy. If inclement weather does occur, credit is given for a future camp.*



Please mail or fax form to:
Amateur Baseball Report
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