



TEMPLE COLLEGE

## SOFTBALL CAMP/CLINIC REGISTRATION FORM

Camp/Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

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Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Other Positions: \_\_\_\_\_

Bats: R / L Throws: R / L Time H to H: \_\_\_\_\_ Time H to 1<sup>st</sup>: \_\_\_\_\_

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DOB: \_\_\_\_\_ T-shirt size: S M L XL (circle one)

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Email: kristen.zaleski@templejc.edu

Phone: 254-298-8528 / Fax: 254-298-8532

Mailing Address: Temple College Softball

Attn: Kristen Zaleski – Clinic

2600 South First Street / Temple, TX 76504

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Cash and checks accepted (checks payable to TC Softball)

