

**UNIVERSITY OF ARKANSAS-MONTICELLO  
PROSPECT CAMP**



**When: Sunday, December 13**

**Time: 10:00 a.m. – 5 p.m.**

**Where: UAM Baseball Field, on campus**

**Ages: 2016, 2017, 2018 graduates**

**Cost: \$100; includes t-shirt and lunch; pre-registration preferred**

Campers will be evaluated in all aspects of the game. There will be a “pro-style” workout followed by a live scrimmage, if weather and time permit.

University of Arkansas-Monticello is a NCAA Division II institution located in Monticello, AR and competes in the Great American Conference.

For more information, contact John Harvey at (870)403-2316

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**APPLICATION FORM (CUT ON DOTTED LINE AND RETURN THIS PORTION WITH PAYMENT)**

**Make checks payable to UAM Baseball Camps & send to:**

**UAM Baseball, PO Box 3499, Monticello, AR 71656**

**Or sign up at: [www.bollweilbaseballcamps.com](http://www.bollweilbaseballcamps.com)**

**NAME \_\_\_\_\_ GRAD YR \_\_\_\_\_ POSITION(S) \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_**

**CELL PHONE \_\_\_\_\_ T-shirt size \_\_\_\_\_**

**PARENTS' NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_**

**E-Mail Address \_\_\_\_\_**

We, as the parents of the named individual, hereby grant permission for him to participate in the UAM Baseball Camp and acknowledge that he is physically able to participate in camp activities. We hereby release the camp and its employees, University of Arkansas-Monticello, its Board of Trustees, Administration and employees from all claims of injury or illness which may be sustained by the above named individual and authorize the directors of the camp to seek medical treatment for the above named individual in an emergency situation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_