



2011

Kenny Thomas Christmas Baseball Camp
Best 9 Sports Academy – Aiken, SC
Indoor Camp

11 DeMedicis Blvd/Near Pine Log & Richardson Lake Road



WHEN: Monday & Tuesday, December 19 & 20, 2011
Sessions: 9am – 12pm & 1pm – 4pm

AGES: 7 thru 16

FEE: 1 Session \$45/2 Sessions \$70/3 Sessions \$85/4 Sessions \$100
Lunch available at Academy: \$5 per day (Pizza & Soft Drinks)

SESSIONS: **Session 1 (Mon 19 9am – 12pm):** Pitching Skills/Defense Skills
Session 2 (Mon 19 1pm – 4pm): Hitting/Offense Skills
Session 3 (Tues 20 9am – 12pm): Off Season Workouts/IF Skills
Session 4 (Tues 20 1pm – 4pm): Hitting/Offense Skills

Instructional Staff: Kenny Thomas, Head Coach–USCA; Michael Holder, Assistant Coach USCA; Jason Walck, Assistant Coach–USCA; Josh Eachues, Assistant Coach–USCA; Brian English, Assistant Coach–USCA; David Brinkley

HOW TO REGISTER HOW TO REGISTER HOW TO REGISTER

1. Complete ***ALL*** information below legibly and accurately.
2. ***Detach*** completed registration and ***save*** top half for your reference.
3. Mail registration form and payment, payable to **Kenny Thomas Baseball** to:
Kenny Thomas Baseball/PO Box 5376/Aiken, South Carolina 29804
4. **To Pay by credit card:** Please call Angela Griffith @ 803-221-2605

For further information visit: www.kennythomasbaseball.com or e-mail kennyt@usca.edu
Kenny Thomas Baseball Office: Angela Griffith 803-221-2605
Registration begins each morning @ 8:15am

MEDICAL RELEASE: Due to the physical nature of baseball, it is understood that I release the Kenny Thomas Baseball Inc, employees, volunteers, and Best Nine Sports Academy from all liability of any sort, and that they be held harmless and indemnified for any accident of injuries sustained by participant while participating in the camp.

PARENT/GUARDIAN SIGNATURE: _____

(Please Print Neatly)

NAME: _____ **AGE:** _____

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

HOME #: (____) _____ **PARENT'S CELL or WORK #:** (____) _____

PARENT'S E-MAIL: _____

SESSIONS ATTENDING: Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Lunch (1 Or 2) ___ Enclosed Total _____