



# APPLICATION

## The Los Angeles Dodgers Adult Baseball Camp

P.O. Box 2887, Vero Beach FL 32961

Ph. 866-656-4900 ext. 5001 (772-299-6710 ext. 5001)

[eMail: ngollnick@mlb.com](mailto:ngollnick@mlb.com)

[www.LADABC.com](http://www.LADABC.com)

(Print and Mail)

Please indicate desired Camp date:

Nov. 7-13, 2010  Feb. 2011

Price: \$4,595.00

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ eMail: \_\_\_\_\_  
 Soc. Sec. No.: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_

(Please Check and/or Complete all appropriate areas)

Positions I would like to play: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_  
 Playing Ability: Good:  Fair:  Poor:   
 T-Shirt Size: \_\_\_\_\_ Suite Size: \_\_\_\_\_ Waist Size: \_\_\_\_\_ Uniform No. \_\_\_\_\_

I am a returning camper and ***DO NOT*** need a new home uniform

Enclosed is my check payable to L.A. Dodgers Adult Baseball Camp

Please charge the amount to my credit card:

MC  Visa  AmEx  Discover  Diners   
 Card Number: \_\_\_\_\_ Expire Date: \_\_\_\_\_  
 Amount to be Charged: Deposit: 500.00  Other: \$ \_\_\_\_\_

1. I understand that if I cancel in writing prior to September 1 (for Fall) and December 1, (for Spring), I will receive a refund of payments made, less a \$300.00 administrative cancellation fee. No refunds or transfers will be made if I cancel after September 1 (for Fall) and December 1, (for Spring).

2. I have no knowledge of any physical impairment that would prevent me from participating in the Los Angeles Dodgers Adult Baseball Camp. I will send a letter from my physician indicating that I am able to participate or I will sign a release of liability upon arrival at camp.

3. I authorize Dodgertown to act for me in any emergency requiring medical attention. I understand that should I incur any injury my insurance company will be the primary insurer and the Dodgers Adult Baseball Camps limited medical insurance will be secondary.

4. I understand that Dodgertown retains the rights to any photographs taken of adult campers during their stay at Dodgertown and that photographs and other information may be used for publicity, advertising and other promotions for the camp.

5. I agree to indemnify and hold harmless the Los Angeles Dodgers, Inc. and their owners, directors, officers, representatives, agents, successors, and assigns, from and against any and all claims or liabilities to me or anyone else for any injuries or illness whatsoever including, without limitation to, injuries to my person, and/or property, arising out of or incident to my participation in the Los Angeles Dodgers Adult Baseball Camp.

6. Major newspaper in my area: \_\_\_\_\_ Local Newspaper: \_\_\_\_\_

7. Other publications (association, college, university, occupational): \_\_\_\_\_

8. I would like to be roomed with: \_\_\_\_\_ I am a: non-smoker  smoker

9. I would like to participate in the talent show during camp. My act is: \_\_\_\_\_

10. I have seen advertisements for Dodgers Adult Baseball Camp in (Newspaper, Web, TV): \_\_\_\_\_

11. I was referred to the camp by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_