2019 YOUTH SUMMER CAMPS
Boys & Girls Ages 6 -12
The Experience Of A Lifetime With “The Major League Stars of Tomorrow”
The Newport Gulls Youth Summer Camps have become a favorite summer activity for families from the local communities. Camps will be held 4 Days per week, 9am to Noon, at the locations listed below. The cost of $90 includes 12 hours of camp instruction, a Gulls game ticket, and a Gulls T-Shirt. Our camps are for both boys and girls ages 6 to 12 and all skill levels. Players will be grouped based on age and ability. There will be a strong emphasis on teaching the fundamentals, with plenty of time for games and contests. Our summer camps are designed to create an enjoyable atmosphere for your child to learn the game of baseball and to meet the Newport Gulls players and coaches. Come and join us for an unforgettable summer experience.

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<tr>
<th>#</th>
<th>DAYS</th>
<th>DATES</th>
<th>LOCATION</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Mo - Th</td>
<td>6/24 - 6/27</td>
<td>Portsmouth LL</td>
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<tr>
<td>2</td>
<td>Mo - Th</td>
<td>7/1 - 7/4</td>
<td>Middletown LL</td>
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<tr>
<td>3</td>
<td>Mo - Th</td>
<td>7/8 - 7/11</td>
<td>Newport 5th Ward LL Mark Weed Memorial</td>
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<td>4</td>
<td>Mo - Th</td>
<td>7/15 - 7/18</td>
<td>Portsmouth LL</td>
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<tr>
<td>5</td>
<td>Mo - Th</td>
<td>7/22 - 7/25</td>
<td>Middletown LL</td>
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Please note that registration confirmations will be mailed to registered participants one week prior to the first day of camp with instructions and other information. Additionally, we may have to refuse walk-in registrations if we feel the number of participants effects what we prefer as a Camper:Instructor ratio. Please pre-register to guarantee a spot in the camp. Thank you.
Camp # (s) Requested: ______________________
Name: __________________________________
Street: __________________________________
City: _____________ State: ___ Zip: ___________
Phone: ________________  Age: _____________
Emergency Contact: ________________________
Relationship: _________ Phone: _____________
Email: ___________________________________

I confirm that the above-named child is physically fit to participate in the Newport Gulls Youth Summer Camp. I hereby authorize the camp staff and directors to act according to their best judgment in case of emergency.

Signature: ________________________________
Name Printed: ____________________________

Please complete, clip & mail with a check for $90 made payable to:
Newport Gulls Summer Camps
Post Office Box 777
Newport, Rhode Island  02840

Additional Registration Forms and other important Camp Information can be found on our website at

www.newportgulls.com

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