



&



& ALL-AMERICAN COLLEGE PREP PROGRAM

present...

The Mizuno-All American Fall College Preview

Friday October 22, 2010

Maidu Softball Complex - Roseville, CA

COST: \$125 for Kelly Jackson's All American College Prep Program athletes, \$150 for those athletes not in the College Prep Program — Includes one defensive/hitting session
Additional positions will cost \$60 for Kelly Jackson's All American College Prep athletes & \$75 for those athletes not in the College Prep Program.
NO REFUNDS—ONE POSITION PER SESSION

GENERAL INFORMATION

ATHLETE'S NAME _____ GRAD YEAR _____
 PARENT(S) NAME(S) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE#(____) _____ ATHLETE'S POSITION(S) _____
 E-MAIL ADDRESS _____

ATHLETES CHECK IN 1/2 HOUR BEFORE YOUR FIRST SESSION. CHECK THE BOX BELOW NEXT TO YOUR CHOSEN SESSION(S). **INFIELD PLAYERS, INDICATE YOUR CHOSEN IN-FIELD POSITION—ONE PER SESSION—AFTER THE CHECK BOX.**

Session 1: Outfield (defense & hitting)	5:00-5:50	<input type="checkbox"/>	
Session 2: All Infield (defense & hitting)	5:55-6:45	<input type="checkbox"/>	Position (1) _____
Session 3: All Infield (defense & hitting)	6:50-7:40	<input type="checkbox"/>	Position(1) _____
Session 4: Catchers (defense & hitting)	7:45-8:35	<input type="checkbox"/>	
Session 5: Pitchers (defense & hitting)	8:05-9:30	<input type="checkbox"/>	

CATCHERS AND PITCHERS WILL HIT TOGETHER BETWEEN 8:05 AND 8:35

NOTE: ATHLETES NOT ENROLLED IN KELLY JACKSON'S ALL AMERICAN COLLEGE PREP PROGRAM ARE REQUIRED TO BRING **20 COPIES OF THEIR PLAYER PROFILE TO PREVIEW.** THESE PROFILES WILL BE MADE AVAILABLE TO THE COLLEGE COACHES IN ATTENDANCE.

REGISTRATION FORM, MEDICAL RELEASE, AND PAYMENT ARE DUE AT ALL AMERICAN SOFTBALL, INC. BY **Wednesday, October 20, 2010**

SPACE FOR EACH SESSION IS LIMITED SO SIGN UP EARLY

YOU MAY FAX YOUR REGISTRATION AND MEDICAL RELEASE WITH PAYMENT INFO TO (916) 374-0720

PAYMENT

CHECKS CAN BE MADE OUT TO ALL AMERICAN SOFTBALL, INC. AND MAILED OR DELIVERED **WITH YOUR PAPER-WORK** TO 1270 TRIANGLE COURT, WEST SACRAMENTO, CA 95605 **AT LEAST ONE WEEK BEFORE THE EVENT**

CC: VISA ___ MC ___ AMEX ___ CARD# _____ EXP _____ 3-DIGIT CODE _____

College Prep NON-College Prep Amount Authorized _____

AUTHORIZING SIGNATURE _____

CREDIT CARD INFORMATION MUST BE PROVIDED TO US **AT LEAST TWO DAYS BEFORE THE EVENT**