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& ALL-AMERICAN COLLEGE PREP PROGRAM

present...

The Mizuno-All American 2011 Fall College Preview

Friday October 21, 2011

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 session: \$60 for College Prep athletes & \$75 for non-College Prep Athletes. *For an additional \$25 have your Preview video posted on our college coach web page.*

NO REFUNDS UNDER ANY CIRCUMSTANCES — IF YOU MUST CANCEL FOR ANY REASON, YOUR FEE WILL BE APPLIED TO THE NEXT PREVIEW

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 INFIELD POSITION—ONE PER SESSION—AFTER THE CHECK BOX.*

- Session 1: Outfield (defense & hitting) 5:00-5:50
- Session 2: All Infield (defense & hitting) 5:55-6:45 Position (1) _____
- Session 3: All Infield (defense & hitting) 6:50-7:40 Position(1) _____
- Session 4: Catchers (defense & hitting) 7:45-9:30
- Session 5: Pitchers (defense & hitting) 7:45-9:30

NOTE: PITCHERS WILL HIT WITH CATCHERS—SESSIONS 4 & 5 WILL BE AT THE SAME TIME

WANT YOUR PREVIEW VIDEO POSTED ON THE WEB FOR AN ADDITIONAL \$25? CHECK HERE—

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 19, 2011*

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 _____ 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**