

## CAMP REGISTRATION INFORMATION

### EARLY BIRD REGISTRATION

\$125.00 PER CAMPER IF YOUR REGISTRATION IS RECEIVED BY

June 10, 2022. After June 10th, your total tuition of \$140.00. A \$30.00 returned check fee will be applied to all returned checks. Family Rate: 2 campers = \$225, 3 campers = \$300 etc.

***Make checks payable to "Warrior Baseball"***



**Hustling is an Attitude**



Brenden Henn ('21)

Pennsylvania State University—Harrisburg



Corey May ('22)  
Arcadia University



# WARRIOR BASEBALL CAMP 2022



Delaware Valley High School  
Monday June 20 - Thursday June 23  
9am-2pm  
Ages 5-14

## Camp Director Sean Giblin

Coach Giblin has been part of the Delaware Valley baseball program for 25 years. He is a 1996 graduate of DVHS. After a college baseball career at Western Maryland College, he returned to the Warrior Baseball program. He is currently in his second year as head coach at DV. He has split his experience as the Head Junior Varsity and Assistant Varsity Coach. He has also led the Milford American Legion team to two District 11 Junior Legion Championships and a District 15 American Legion Championship



**Delaware Valley Warriors  
2006 PA State AAAA Baseball Champions**

## The Coaching Staff:

### Coach Jim Donnelly

Assistant Varsity Baseball Coach.

### Coach Jeff Luhrs

Head Junior Varsity Baseball Coach.



Sharpen your  
skills

Numerous current and former members of the Delaware Valley Baseball program will also be here to coach the campers.

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**CJ Ross ('22)**

**East Stroudsburg University**



## CAMPER REGISTRATION FORM

Please mail this completed form to:

**Delaware Valley High School**

**C/O Sean Giblin**

**252 Route 6 & 209**

**Milford, Pa 18337**

**Full tuition amount due at registration.**  
**Make checks payable to "Warrior Baseball."**

Camper name \_\_\_\_\_

Age \_\_\_\_\_

Phone# \_\_\_\_\_

Emergency contact/ phone# \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Shirt Sizes CIRCLE ONE

YouthM YouthL

or

S M L XL XXL (adult sizes)

**Allergies/conditions that would affect the camper's ability to participate** \_\_\_\_\_

I hereby authorize the directors, nurses, trainers and staff members of the WARRIOR BASEBALL CAMP to examine, interview, test and if necessary treat my child as they seem advisable and disclose such information to other responsible officials as necessary. The WARRIOR BASEBALL CAMP is covered by a limited insurance policy. I will be responsible for any medical charges in connection with my child's attendance / participation at camp. I have read and agree with the rules and regulations of the WARRIOR BASEBALL CAMP.

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_