



THE COACHING STAFF

TEACHING KIDS TO PLAY LIKE A PRO

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CELEBRATE THE INDIVIDUAL. NO 2 PLAYERS ARE ALIKE.

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9th
ANNUAL



SUMMER CLASSIC BE AN ALL-STAR

AGES 6 - 14

MONTH | DAY-DAY



HANDS ON COACHING — PRO EVALUATION



baseball camp

5432 ANY STREET WEST TOWNSVILLE, ST 54321
555-543-5432 P 555-543-5433 F

WWW.YOURWEBSITEHERE.COM



CAMP INFORMATION

Hands-On Coaching — Pro Evaluation

AGES: 6 - 14
FUN: MAXIMUM

EXPERIENCE LEVELS: ALL

POSITIONS: BATTING | FIELDING

LOCATION: 5432 ANY STREET WEST, TOWNSVILLE, ST. 54321

WHAT TO BRING: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation lorem dolore. Et justo odio dignissim qui blandit praesent. Ut wisi enim ad minim veniam, quis exerci tation a ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum irure donec in hendrerit in vulputate velit esse a mollis consequat.

REGISTRATION AND TRAINING SESSION INFORMATION

	AGES	DATE	TIME	COST	REGISTRATION	COACH
SESSION 1	6 - 8	July 12 - 17	9am - 12pm	\$189	Due June 12	First M. Lastname
SESSION 2	9 - 11	July 20 - 25	9am - 2pm	\$189	Due June 20	First M. Lastname
SESSION 3	12 - 14	July 25 - 30	10am - 4pm	\$219	Due June 25	First M. Lastname

DEVELOP

MAJOR LEAGUE POTENTIAL

SEASON'S HIGHLIGHTS

LEARN PROPER DEFENSIVE MECHANICS!

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LEARN POSITION SPECIFIC TRAINING!

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COMPETE FOR AWARDS AND TROPHIES!

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LEARN BATTING SKILLS FROM THE PROS!

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LEARN TO THROW DIFFERENT PITCHES!

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ENHANCE YOUR OVERALL KNOWLEDGE OF THE GAME!

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MAIL REGISTRATION FORM TO:

5432 ANY STREET WEST, TOWNSVILLE, ST 54321

CAMPER

PLEASE PRINT

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AGE _____ BIRTH DATE _____

WEIGHT _____ HEIGHT _____

DAYTIME PHONE _____ E-MAIL _____

T-SHIRT SIZE

S M L XL XXL

POSITION

(VERY IMPORTANT - CHECK ALL THAT APPLY)

Pitcher Catcher
 Outfield Pitcher

FEES

1 PLAYER FEE: \$000

PAYMENT METHOD

CHECK OR MONEY ORDER VISA MASTERCARD

CARD # _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

MEDICAL RELEASE

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SIGNATURE _____ DATE _____