

COLLEGE BASEBALL

Coaches Camp

JUNE 6, 2010

This camp is designed for high school players who are interested in playing college baseball. The format for the camp will be part clinics, skills workout, and games.

WHEN & WHERE:

1 Day Camp - 2 Sessions
Sunday, June 6, 2010
Session 1: 9:00 am-1:00 pm
Session 2: 1:00 pm-5:00 pm

At the Ballpark at Harbor Yard
Bridgeport, CT.



FOR WHO:

- Players graduating in 2011-2014.
- Limited enrollment – Sign up quickly by completing and returning the form below or register online at www.CollegeBaseballCoachesCamp.com

COST: \$295 – Full payment guarantees a spot. No refunds after registration

THE FORMAT:

Registration for Session 1 - 8:30 am
Registration for Session 2 - 12:30 pm

- Intro and Warm Up
- Pitcher Only Mechanical clinic, drills, video instruction (no live throwing)
- 60 yard dash/offensive warm up/offensive showcase (rotations)
- Defensive warm up, defensive showcase (rotations).
- Primary Pitchers Throw, Secondary Pitchers Throw. Catchers Catch. Position Players Watch Video.

REGISTER ONLINE AT
www.CollegeBaseballCoachesCamp.com

What they're saying...

"Camp was excellent! As a practical matter, the showcase was without question the most well-run of any of the several showcases and college tryouts my son attended. Absolutely no wasted time or effort."

- John J. Lanigan Jr.

CAMP STAFF:

Coaches from

Bucknell

Fairfield

Fordham

Hartford

Hofstra

Holy Cross

Iona

Manhattan

Post

Sacred Heart

St. John's

Stony Brook

Tufts

University of New Haven

Western Connecticut

Check web for full list

Please cut along the dotted line and return the completed form and check – registration is on a first come, first served basis.

Name _____ Email Address (required for confirmation) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Graduation Class (circle one) 2010 2011 2012 2013 2014 High School _____ T-shirt size _____

Primary Position _____ Secondary (only if you feel you are a college prospect at it) _____

Parents' Names _____ Email _____ Cell or work phone _____

Circle Session Choice : Session 1 9 am - 1:00 pm **OR** Session 2 1:00 pm - 5:00 pm

By signing, I give the camp staff permission to treat my son, _____, at the nearest hospital in the event of injury. I verify that my child(ren) is physically fit to participate in the camp and all of his immunizations are current. Attached is a list of allergies or limitations of which I am aware. I understand that the camp staff or anyone associated with this clinic is not responsible for any accidents resulting in medical, dental or any other expenses.

Parent/Guardian's signature _____ Print name _____

Register online at www.CollegeBaseballCoachesCamp.com or return the completed form with your check made payable to Mazz Marketing Inc and mail to Mazz Marketing, 287 Courtland Ave, Bridgeport, CT 06605.

For more information, email wayne@waynemazzoni.com or call 203.260.4932.