

College Baseball Coaches Camp

is designed for high school players who are interested in playing college baseball
The format for the camp will include coaching clinics, skills workout and evaluations

WHEN & WHERE:

1 Day Camp
Sunday, June 26, 2011
9:00 am - 2:00 pm
(rain date Tuesday, July 12)
At the Suffolk County Sports Park
Home of the LI Ducks



FOR WHOM:

- Players graduating in 2012-2015.
- Limited enrollment – Sign up quickly. Complete and return the form below or register online at www.CollegeBaseballCoachesCamp.com

COST: \$250 – Full payment guarantees a spot.; No refunds after registration

FORMAT

- 08:30 Registration
- 09:00 Welcome
- 09:15 Warm up
- 10:00 Offensive Evaluation and Clinic Stations
- 11:30 Lunch w/ Recruiting/Coaching Lecture
- 12:00 Defensive Evaluation and Clinic Rotations
- 01:00 Pitching Evaluation and Clinic Rotations
(Strength Training Circuit and Right View Pro Video for Non pitchers)

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

a partial list of our camp staff:



Bryant



Bucknell



Fairfield



Fordham



Gettysburg



Hofstra



Iona



James Madison



LIU



Manhattan



Marist



Sacred Heart



Southern Connecticut



St Johns



Stony Brook



Tufts



UConn



Vassar

And many more -
see web for complete staff

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) 2012 2013 2014 2015 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 _____

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.

This event is organized in conjunction with East Coast Baseball