

COLLEGE BASEBALL

Coaches Camp

"THE BEST OF ITS KIND"

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:

2 Day Camp - Tuesday & Wednesday

July 31 & Aug 1, 2012

8:00am-5:00pm

Baseball Heaven on Long Island
(www.baseballheavenli.com)



FOR WHOM:

- Players graduating in 2013-2016.
- Limited enrollment – Sign up quickly by completing and returning the form below or register online at www.CollegeBaseballCoachesCamp.com

COST:

\$595 – Full payment guarantees a spot. No refunds after registration

THE FORMAT:

Day One

- 8:00 am - Registration
- 8:30 am - Welcome/Coach Introduction
- 9:15 - Active Warm-up
- 9:30-11:00 - Offensive Instructional Stations
- 11:00-12:00 - Defensive Instructional Stations
- 12:00 pm-1:00 - Primary Pitchers Throw/Lunch for Position Players (Concessions Open)
- 1:00-3:00 - Defensive Evaluation and Clinic Rotation.
- 3:00-5:00 - Offensive Evaluation and Clinic Rotation/Strength Training

Day Two

- 8:00 am-4:00 pm - **GAMES.**

REGISTER ONLINE AT
www.CollegeBaseballCoachesCamp.com

"The College Baseball Coaches Camp delivered on its promise. We were told there would be no downtime, there would be constant drills and games, and significant opportunity to interact with coaches from solid programs. That's exactly what the players received. Add in an eager staff from Sacred Heart and a tremendous facility that lent itself to non-stop baseball, and what you get is what every baseball showcase event should be."
- Eric Blinderman, parent

CAMP STAFF (See 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.

Registration for Jul 31& Aug 1, 2012 College Coaches Baseball Camp

Name _____ Email Address (required for confirmation) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Graduation Class (circle one) 2013 2014 2015 2016 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.