

# 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:

Summer Session I  
Saturday, June 2, 2012  
9:00 am - 3:00 pm

At the Ballpark at Harbor Yard  
Bridgeport, CT.



### FOR WHO:

- Players graduating in 2013-2016.
- Limited enrollment – Sign up quickly by completing and returning the form below or register online at [www.CollegeBaseballCoachesCamp.com](http://www.CollegeBaseballCoachesCamp.com)

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

### THE FORMAT:

Registration - 8:30 am  
Camp Program includes:

- 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.
- Coaches talk about their schools.

REGISTER ONLINE AT  
[www.CollegeBaseballCoachesCamp.com](http://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



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.

### Registration for June 2, 2012 College Baseball Coaches Camp Summer Session I

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](http://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](mailto:wayne@waynemazzoni.com) or call 203.260.4932.