

2014 Fall Fastpitch Softball Hitting Clinic

Payne, OH

(Six Sessions either Saturdays or Sundays)

Open to all ages!

Camp will be conducted at 1065 St Rt. 114, Payne, OH 45880

www.thundercamps.com

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| <p>Clinic Features:</p> <ul style="list-style-type: none"> Instruction in all areas of Fastpitch Softball Hitting. Drills designed for your skill level Mental Toughness and handling of adverse situations. Learn proper way to bunt and slap. <p>What you will receive?</p> <ul style="list-style-type: none"> Quality Proven Instruction Success Guide for Hitters | <p>When are the Hitting clinics?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><i>Saturday Sessions:</i></td> <td style="width: 50%;"><i>Sunday Sessions:</i></td> </tr> <tr> <td>Oct. 25, Nov 1, Nov 8</td> <td>Oct 26, Nov 2, Nov 9</td> </tr> <tr> <td>Nov 15, Nov 22, Dec 6</td> <td>Nov 16, Nov 23, Dec 7</td> </tr> <tr> <td>Available Sat Times</td> <td>Available Sun Times</td> </tr> <tr> <td>___ 10:00-11:00</td> <td>___ 1:00-2:00</td> </tr> <tr> <td>___ 11:00-12:00</td> <td>___ 2:00-3:00</td> </tr> <tr> <td>___ 12:00-1:00</td> <td>___ 3:00-4:00</td> </tr> <tr> <td>___ 1:00-2:00</td> <td>___ 4:00-5:00</td> </tr> </table> <p>Participants will be placed in a group that is consistent with their age.</p> | <i>Saturday Sessions:</i> | <i>Sunday Sessions:</i> | Oct. 25, Nov 1, Nov 8 | Oct 26, Nov 2, Nov 9 | Nov 15, Nov 22, Dec 6 | Nov 16, Nov 23, Dec 7 | Available Sat Times | Available Sun Times | ___ 10:00-11:00 | ___ 1:00-2:00 | ___ 11:00-12:00 | ___ 2:00-3:00 | ___ 12:00-1:00 | ___ 3:00-4:00 | ___ 1:00-2:00 | ___ 4:00-5:00 |
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| <p>What to Bring? Helmet, bat, appropriate shoes, & clothing.</p> <p>Registration: All checks and registration information should be returned by: October 20th, 2014 for the Winter Sessions</p> <p>Send Form and Money to: Mark Crosby 1065 St. Rt. 114 Payne, OH 45880</p> <p><i>Make checks payable to Mark Crosby.</i> Find Directions at: www.thundercamps.com Contact: John Hendricks 765-348-6413 Contact: Mark Crosby 419-770-2267</p> | <p>Student Coach Ratio – Approximately 8 – 1 ratio gives maximum personal instruction during drill sessions.</p> <p>LEARN A PROVEN SOFTBALL HITTING TECHNIQUE FROM A PROVEN INSTRUCTOR!</p> <p>Who Should Attend? Girls Ages 8 – 18 who are interested in becoming better hitters.</p> <p>Cost: \$100 per participant for six sessions.</p> <p>Camp Instructor: John Hendricks</p> <p>Career Highlights:</p> <ul style="list-style-type: none"> Career Record 149-30 2001 Celina Team holds the State Record for Hits in a Season 3 WBL League Titles 5 Sectional Titles in 6 Years, 2 Regional Titles NW District Coach of the Year 2001 1999 State Semi-Finalist |
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Why should you attend this hitting camp? Ever wonder why certain teams always are successful and always seem to have good hitters? It is not because they are lucky and keep getting great athletes. It is what is being taught by their coaches and the drills and repetition they are doing at practice. Come to these hitting sessions and learn the techniques and drills that have helped several girls become great high school hitters and college players.

Return bottom part of registration form. Winter Hitting Clinics (Oct., Nov., Dec 2014)

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| Campers Name: _____ School _____ Address _____ City _____ State _____ Zip _____ Phone _____ Cell _____ Email Address _____ Age _____ Grade (14/15) _____ Please circle which day you would like to attend: Saturday Sunday |
| <p>Participants will be placed in a group that is consistent with their age.</p> |

Parent Consent: I/We acknowledge that the participant is assuming a certain risk of being injured; that even the best coaching and strict observance of the rules, injuries may occur. The Thunder Sports staff and host sites and anyone else affiliated with the camp are not responsible for such injuries; participants will be covered by the participant's family insurance. I hereby grant the camp staff to have my daughter treated by a staff member or by a physician if necessary. My/our daughter is physically fit, according to our family physician.

Parent Signature for camp participant _____ Date _____

