

## 2017 STATE LINE Hitting Clinic

(Five Sunday Sessions Open to all ages!)

Camp will be conducted at 1065 St Rt. 114, Payne, OH 45880 [www.thundercamps.com](http://www.thundercamps.com)

<p><b>Clinic Features:</b></p> <p>Instruction in all areas of fastpitch softball          Drills designed to increase your skill level          Mental toughness and adversity training          Learn proper bunting and slapping          Learn strategies to take your game to the next level!</p>	<p><b>When are the Hitting clinics?</b></p> <p><b>WINTER Sunday Sessions</b>  <b>Jan 15, 22, 29, Feb 5 and 12.</b></p> <p><b>Participants will be placed in a group that is consistent with their age.</b></p>
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<p><b>What to Bring?</b> Helmet, bat, appropriate shoes, &amp; clothing.  <b>Registration:</b> All checks and registration information should be returned by:</p> <p>January 9<sup>th</sup>, 2017 for the Winter Sessions</p> <p><b>Send Form and Money to:</b>          Mark Crosby          1065 St. Rt. 114          Payne, OH 45880</p> <p><i>Make checks payable to Mark Crosby.</i>          Find Directions at: <a href="http://www.thundercamps.com">www.thundercamps.com</a></p> <p><b>Contact: Madelynne Hostetler 260-415-8128</b>  <b>Contact: Mark Crosby 419-770-2267</b></p>	<p><b>Student Coach Ratio</b> – Approximately 8 – 1 ratio gives maximum personal instruction during drill sessions.  <b>LEARN A PROVEN SOFTBALL HITTING TECHNIQUE FROM A PROVEN INSTRUCTOR!</b></p> <p><b>Who Should Attend?</b> Girls Ages 8 – 18 who are interested in becoming better hitters.  <b>Cost:</b> \$100 per participant for five sessions.  <b>Camp Instructor:</b> Madelynne Hostetler  <b>Career Highlights:</b></p> <ul style="list-style-type: none"> <li>• Triple Crown All-American</li> <li>• 2012 Indiana All-State Player</li> <li>• Two-time All-Area Selection</li> <li>• Woodlan High School Record Holder in: Batting average, hits, and runs scored.</li> <li>• Four-year Division 1 Collegiate starter</li> <li>• D1 Academic All-American</li> </ul>
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Return bottom part of registration form. Winter Hitting Clinics

Campers Name: _____ School _____ Address _____ City _____ State _____ Zip _____ Phone _____ Cell _____ Email Address _____ Age _____ Grade (16/17) _____
<p><b>Participants will be placed in a group that is consistent with their age.</b></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 State Line Hitting Clinic 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 \_\_\_\_\_



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**Facebook.com: State Line Hitting**



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