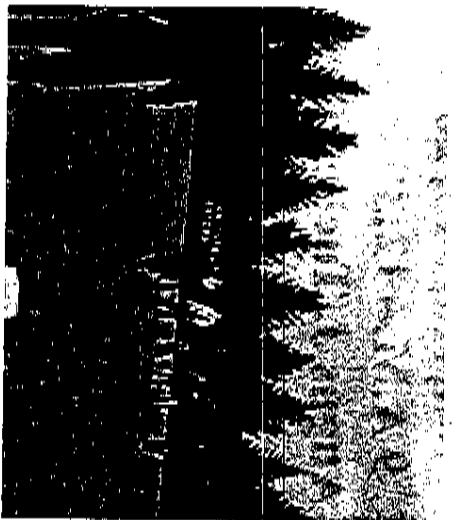


CLINIC OVERVIEW

Our All Skills Baseball Clinic will be held on Saturday, August 13 from 9 A.M. until 12:30 P.M. at Angus Tucker Field at Surry Community College. All boys and girls ages 6-16 may attend. All sessions will be held on the baseball field. Each camper will be placed according to age and/or ability.

Camp Registration will begin at 8:30 A.M. The clinic will begin at 9:00 A.M. and last until 12:30 P.M. Cost for each individual will be \$50 and includes a clinic t-shirt. Concessions, Drinks and Gatorade will be on sale and water will be provided for campers during breaks.

The clinic will consist of instruction in all the following areas: Hitting, Fielding, Throwing, Pitching, Base-Running, Catching, & Mental Aspects of Baseball.



Session

The camp will run from 9 A.M. - 12:30 P.M. Check-in will be held Saturday morning at 8:30A.M.

What to Bring

Campers are asked to bring bat, glove, helmet, spikes, & indoor shoes.

How To Apply

Please return your completed application form along with camp payment as soon as possible to the address provided to ensure proper t-shirt size and registration.

Late Registration the day of the clinic is ok.

Facility

Angus Tucker Field is located on the backside of campus at Surry Community College.

Inclement Weather

If there is inclement weather, the camp will be moved inside and held in the gymnasium. ** Every effort will be made to have the camp outside.

Who May Attend

The camp will be open to all players ages 6-16. Participants will be grouped by ages and/or ability.

Staff

Jamie Lowe—Head Baseball Coach, Surry Community College

Shane Worth—Assistant Baseball Coach, Surry Community College

Former local Professional players and Current Surry baseball players.

SURRY CC BASEBALL CLINIC REGISTRATION FORM

MAIL CHECK & REGISTRATION FORM TO:

Jamie Lowe; Head Baseball Coach
Surry Community College Baseball

630 S. Main Street
Dobson, NC 27017

Phone: 336-386-3353

Fax: 336-386-8951

E-mail: lowcjp@surry.edu

NAME: _____
DATE OF BIRTH: _____ T-SHIRT SIZE: YS YM YL S M L XL XXL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMER. NUMBER: _____

MAKE CHECK PAYABLE TO: SURRY C.C. Baseball