



## PRE-SEASON INSTRUCTIONAL CLINIC - 2017

DATE	GROUP 1 TIMES	GROUP 2 TIMES
SUNDAY, MARCH 26	12:00 – 2:00	2:30 – 4:30
SUNDAY, APRIL 2	12:00 – 2:00	2:30 – 4:30

**\*GROUP 1 – BOYS AGES 5 – 8 YEARS OLD**

**\*GROUP 2 – BOYS AGES 9 – 14 YEARS OLD (No boy enrolled in high school can attend!)**

**\*WOODLAND HIGH SCHOOL GYMNASIUM**

**\*Snow date of Sunday, April 9!**

*For information, e-mail Scott Szturma at:*

**\*FEE: \$30 per player**

*[sz23bon@sbcglobal.net](mailto:sz23bon@sbcglobal.net)*

**\*LIMITED: To the first 50 registrations in each group!**

**\*ALL PROCEEDS GO TO THE WOODLAND BASEBALL PROGRAM!!!!**

**DETAILS:**

- \*\*Get ready for the upcoming baseball season.
- \*\*4 hours of instruction from the Woodland Baseball coaching staff and players.
- \*\*Emphasis will be on individual instruction of the fundamentals including hitting skills, defensive skills, sliding, and infield and outfield play.
- \*\*Get a jump on the rest of the players in your league.
- \*\*Don't wait until tryouts or evaluations to pick up a baseball.
- \*\*Open to all baseball players in Beacon Falls and Prospect and other towns regardless of league.

**\*WHAT TO BRING:**

- \*Players should wear long pants (sweats or baseball pants), sneakers, and a baseball hat.
- \*Players should bring their own glove and may bring a bat.
- \*Woodland Baseball does not provide bats.
- \*Players should label all items brought with players' name.
- \*Water will be supplied or you may bring your own.

**\*\*\*CONFIRMATION BY E-MAIL!!!!**

**RETURN THE BOTTOM PORTION OF THIS PAGE WITH PAYMENT MADE OUT TO:  
WOODLAND BASEBALL BY FRIDAY, MARCH 17, 2017 TO: GRAND SLAM BOOSTER CLUB  
 C/O TREASURER SCOTT SZTURMA - 39 HOCKANUM GLEN DR – BEACON FALLS, CT 06403**

Return application by Fri. March 17, 2017 to: GRAND SLAM BOOSTER CLUB – C/O TREASURER SCOTT SZTURMA  
 39 HOCKANUM GLEN DRIVE – BEACON FALLS, CT 06403

**PRE-SEASON INSTRUCTIONAL CLINIC 2017 FEE: \$30 CHECK PAYABLE TO: GRAND SLAM BOOSTER CLUB**

Please enroll the undersigned. The applicant is in good health and able to participate in the physical activity of this intensive program. The camp has permission to provide emergency medical treatment in the event the player is injured or ill. \*\*I will not hold Woodland Regional High School or the Region 16 CT Board of Education and its' agents or volunteers responsible in case of accident or injury as a result of this participation. **\*\*\*CONFIRMATION BY E-MAIL!!!**

SUN. 3/26, SUN. 4/2 **\*\*PARENT SIGNATURE: \_\_\_\_\_**

PLAYER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

STREET: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRINT PARENT'S NAME: \_\_\_\_\_ \*E-MAIL: \_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_ LEAGUE: Circle - LITTLE LEAGUE OTHER