



SPRINGFIELD COLLEGE SOFTBALL CLINIC

SUNDAY MARCH 2, 2008

***SELECT 1 OF 2 SESSIONS/PRE-REGISTRATION REQUIRED**

9:00 a.m. to 12:00 p.m. OR 1:00 p.m. to 4:00 p.m.



PLAYER'S SCHEDULE

	AM TIME	PM TIME
• Registration	8:30 - 9:00 am	12:30 - 1:00 pm
• Introduction & Warm Up	9:00 - 9:15 am	1:00 - 1:15 pm
• Pitchers		
Skill Work	9:15 - 10:45 am	1:15 - 2:45 pm
Hitting	10:45 - 12:00 pm	2:45 - 4:00 pm
• Catchers		
Skill Work	10:45 - 12:00 pm	2:45 - 4:00 pm
Hitting	9:15 - 10:45 am	1:15 - 2:45 pm
• Infielders		
Skill Work	9:15 - 10:45 am	1:15 - 2:45 pm
Hitting	10:45 - 12:00 pm	2:45 - 4:00 pm
• Outfielders		
Skill Work	10:45 - 12:00 pm	2:45 - 4:00 pm
Hitting	9:15 - 10:45 am	1:15 - 2:45 pm

COACHES SCHEDULE

• Registration	8:30 - 9:00 am	12:30 - 1:00 pm
• Pitching Session	9:15 - 10:30 am	1:15 - 2:30 pm
• Hitting Session	10:30 - 12:00 pm	2:30 - 4:00 pm

GENERAL INFORMATION: For more information, please call (413) 748-3147 or kmangano@spfldcol.edu

- **Pre-registration is REQUIRED! Each session limited to 75 players.**
- You will **ONLY** be notified if your session is filled.
- Participants should bring: glove, sweats, indoor/outdoor footwear (NO METAL CLEATS – Please!)
- Please complete **one** registration form for each player. **Medical release is required.**
- Cost: \$30.00 per player / \$30.00 per coach / **Make Check Payable To: Springfield College Softball**

SPRINGFIELD COLLEGE SOFTBALL CLINIC REGISTRATION FORM

RETURN FORM & CHECK TO:

Player's Name _____

Address _____

Home Phone _____ Age _____ Grade _____ Position(s) _____

Coach _____ School _____ Session(check one) AM _____ PM _____

Kathy Mangano
Head Softball Coach
Springfield College
263 Alden Street
Springfield, MA 01109

I, _____ give _____ permission to fully participate in the Springfield College Softball Clinic. I have attached a note explaining any specific physical limitations. I also hereby authorize the Director of the clinic permission to arrange for, and provide medical care in the event the applicant is injured or disabled.

Signed _____

Date _____

Insurance Company _____

Policy No. _____