

UMass Lowell Pitching Clinic Fall '09

Oct. 26 - Dec. 2
Sessions run one hour per
week for 6 weeks.

Available Sessions

Mondays 6:30 pm - 7:30 pm
7:30 pm - 8:30 pm
Wednesdays 6 pm - 7 pm
7 pm - 8 pm
(max: 10 players per session!)

Cost: \$140

\$225 to attend 2 sessions
per week.

Location

Mahoney Gym - UML

Clinic open for girls ages
12-18 at all levels of
pitching experience!

Clinic Objectives:

- To introduce and instill the basic mechanics of windmill pitching
- To give individualized attention to players
- To improve speed, spin and accuracy
- To introduce or work on off-speed and breaking pitches with more advanced players
- To discuss game strategy and how to pitch to hitters
- To improve aspects of the mental game
- To prepare players for upcoming spring and summer seasons

Coaching Staff



Perhaps the greatest pitcher in UMass Lowell history, **Kristen Mahoney** enters her third year as the pitching coach for the Riverhawks after a career full of honors and success. Mahoney holds many UML pitching records including career wins and strikeouts.



Danielle Mason is joining the Riverhawks for her first season. Following her strong career at Stonehill College, Danielle spent the past year as the pitching coach at Wellesley College where she coached 2 NEWMAC All-Conference and DIII All-Region pitchers.



Head Coach **Sean Cotter** also begins his first year at UML. In his 11-year coaching career at Plattsburgh (NY), Cotter has coached 1 NFCA DIII All-American pitcher, 4 NFCA Regional All-American's, a 2 time SUNYAC Pitcher of the year, and 2008 graduates Stephanie Zweig and Jaclyn Ceitze combined for a 127-47 record with 1474 strikeouts.

Registration

Name _____ Home Phone () _____

Address _____ City, State, Zip _____

e-mail _____ School _____ Grade _____

Session(s) (Circle): M 6:30- - 7:30 M 7:30 - 8:30 W 6 - 7 W 7 - 8

Please Sign: *I understand that UMass Lowell and the Softball Clinic will not be liable or responsible for accidents and medical and dental expenses incurred as a result of participation in this program. In the event of injury or illness, the clinic has my permission to seek any emergency medical treatment deemed necessary.*

Signature of Parent/Guardian _____ Date _____

Cell # _____ Insurance Company _____

Policy # _____ Medications/Known Allergies _____

Please make checks payable to **Sean Cotter** and mailed to:

UMass Lowell Softball Clinics
One University Ave
Lowell, MA 01854

Questions or Concerns? Call the UML Softball Office at (978) 934-3977 or e-mail Danielle Mason at daniellemason3@gmail.com



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