

Villanova Fastpitch Holiday Camp/Clinics

Villanova Fastpitch
Camps, Inc.
Villanova Softball
800 Lancaster Avenue
Villanova, PA 19085
(610) 519-4138
FAX (610) 519-6884
For questions or to request more
brochures: E-mail:
sheri.donley@villanova.edu



All Skills Camp
Ages 8-13 December 27, 2011
Ages 14-18 December 28, 2011

Villanova Fastpitch Camps are proud to offer an All Skills Camp that will run December 27 **1:00pm to 5:00pm!** December 28th camp will run from **9:00am to 1:00pm**. Also, this holiday season we will be hosting a catching clinic and a pitching clinic on December 29, from 9:00am to 12:00pm.

For the All Skills Clinic:
Villanova's Fastpitch camp will provide players with an opportunity to increase their skills in these areas of the game. This includes:

- Fielding/ Throwing fundamentals
- Defensive work
- Baserunning skills
- Bunting and slapping skills
- Hitting skills

Pitching and Catching Clinic
Ages 9-18 December 29, 2011

This holiday season we will be host a pitching clinic on December 29, from **9:00am to 12:00pm**.

Pitching Clinic

Pitchers will be working on their pitching. Developing individual pitches and refining others. ***Pitchers must bring a catcher and indicate their catcher and his/her relationship on the registration form.***

Catching Clinic

Catchers will be working on catching techniques and skills. **Catchers must bring all gear.**

REGISTRATION

Please fill out the next sheet, include the camp fee of \$95.00 for pitching or catching, \$95.00 for all skills. Please mail back to

Villanova University
Attn:Softball
800 Lancaster Ave
Villanova, PA 19085

Please make checks payable to Villanova Fastpitch Camps, Inc.

CAMP APPLICATION FORM
VILLANOVA FASTPITCH CAMPS
Skills Camp, December 26 & 27, \$95.00
Pitchers Clinic, December 28, \$95.00
Catching Clinic, December 28, \$95.00
(Circle One, or both)

Name _____

Address _____

City _____

State _____

Zip _____

Phone: Home _____

Cell _____

E-mail address for confirmation:

Age _____ Grade completing in June 2011 is _____

School _____

Summer Team _____

Is the player a pitcher? . Yes . No

If you are not a pitcher, primary position (please only list one)

***For Skills clinic, primary position may not be pitcher**

Notes:

Catchers must bring their own equipment.

Pitchers must bring their own catcher, the catcher may not be in the catchers clinic if catching for a pitcher.

The Skills Camp will not be covering pitching.

HEALTH INSURANCE INFO:

(Campers must have insurance)

Name of Company: _____

Group # _____

Plan # _____

Allergies _____

Enclosed is a check for \$ _____

(Make checks payable to Villanova Fastpitch Camps, Inc.) Mail application and payment to:

Villanova Fastpitch Camp,
Villanova Softball,
800 Lancaster Ave.,
Villanova, PA, 19085

I hereby authorize the staff of the Villanova Softball Camp to act for me according to their best judgment in any emergency requiring medical attention. I waive and release the Camp from any and all liability for injuries or illnesses incurred while at Camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the Camp program, as outlined in the brochure. I understand the Camp retains the rights to use for publicity and advertising purposes photographs of campers taken at Camp.

Signature Parent/Guardian

Signature Date

Pitching Clinic Registrants

Name of Catcher: _____

Relationship to Pitcher: _____

Open to Any and All Entrants
Sign up early though – Enrollment is limited.
Camp SELLS OUT!!

For questions or to request more brochures:
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