

*To register, please fill out this form
and send it along with your payment
to: the Softball Office, SBU, Indoor
Sports Complex, Stony Brook, NY
11794-3500*

Registration deadline is July 16th!

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: _____

E-Mail: _____

Age: _____ Grade entering 9/10: _____

School: _____

Travel Team: _____

Position(s): _____

The Camp Fee is **\$175.00!** Please
make checks payable to **“FSA
Acct.933/Softball Camp”**.

Assistant Softball Coach
Stony Brook University
Indoor Sports Complex
Stony Brook, NY 11794-3500

2010 SEAWOLVES SOFTBALL CAMP

FOR PLAYERS AGES 8-17



**Monday - Thursday
July 19-22, 2010
9:00am - 12:00pm**
(Check-In is from 8:30-8:45am)
University Softball Field
Stony Brook University
Office: 631-632-4517
www.goseawolves.org

Coaching Staff

Stony Brook University Softball Staff and Players

Camp Co -Directors: Melissa Bieman and Bree Nasti, Stony Brook University Assistant Coaches

- Extensive coaching and clinic/camp experience!
- Come play on one of the finest fields in the northeast!
- Offensive and defensive skills, along with game and situation play will be emphasized!

Staff also includes current and former collegiate players!

Schedule of Events

- 8:30-8:45 Check-In, University Softball Field
- 9:00-9:20 Warm-Up and Stretching
- 9:20-10:20 Defensive skill instruction
- 10:20-10:30 Break
- 10:30-11:30 Offensive skill instruction
- 11:30-11:50 Modified Games
- 11:50-12:00 Wrap-up and Snack

Please provide transportation, glove, cleats, helmet, bat, catcher's gear and water bottle.

Drop-off/pick-up at Stony Brook Softball Field

Benefits:

- *Learn fundamentals and techniques while having fun!
- *Instruction from top college coaches and players and low camper/staff ratio!
- *Stony Brook University Softball Camp T-shirt and daily snack provided!

Registration Form

I certify that the individual named on this camp application is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered.

Signature of Legal Guardian

Date

Medical Insurance Company

Policy Number

Emergency Contact Person

Emergency Contact Number