



32nd ANNUAL HOLIDAY BASEBALL CLINIC



Presented by Nick Longhi , Camp Director

DECEMBER 15th, 2018

AGES: *7-12

*Some 6 year olds will be accepted.

AT: CHUCK REITER STADIUM-VENICE, FL

TIME: 9am-3pm

COST: **FREE**

**Only 90 Spots are available. Call (941)266-2918 to or email holidaybaseballclinc@gmail.com to inquire,

Campers will learn the fundamentals of baseball from experienced professional and college baseball players and coaches. We will, of course, work on hitting, defense, and pitching as well as play games and perform drills designed to increase confidence, skill level and team spirit. But most importantly, we will have FUN! Live games at the end of the day will bring together the skills taught throughout camp. Prizes by age groups will be given and all campers will receive a goody bag including T-Shirt and more. Campers should bring their own lunch but, snacks and drinks will be given to players during the breaks. All sponsorship money after expenses will be donated to Venice Little League for their use in promoting baseball in our community. We Thank all of our sponsors for making this event free to all the young players. We look forward to seeing you on the 15th.

~Nick

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Registration Form

PARENT/GUARDIAN NAME: _____ CAMPER NAME: _____ AGE for 2019 season: _____ ADDRESS: _____

PHONE: _____ Primary Position(s): _____

EMAIL: _____ SHIRT: _____

(circle one) Youth or Adult AND (circle one) XS, Small, Medium, Large, XL, XXL **Mail**

registration to: Holiday Baseball Clinic, 320 Langholm Dr, Venice, FL 34293.

All registration forms MUST BE SIGNED and received by DEC. 5, 2018 to guarantee your camp T-shirt. For more information call 941-266-2918 or email holidaybaseballclinic@gmail.com.

I hereby authorize the instructors of the Holiday Baseball Clinic to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Holiday Baseball Clinic and instructors from any liability or claim arising from illness, injury, or death suffered by the participant in connection with the clinic. I know of no mental or physical problems which affect my child's ability to safely participate in this camp.

Parent/guardian signature _____ Date _____