

2010 MOHAWK 7th-8th GRADE PITCHING AND HITTING CLINIC

WHAT: 3rd Annual Mohawk 7th-8th Grade Pitching and Hitting Clinic

DATE: April 17th

AGES AND TIMES: Grades 7-8 (current grade) 1:00-4:00 PM

LOCATION: Roosevelt Field in Mason City

COST: \$30.00 per camper

INSTRUCTORS: Mason City High School head baseball coach Troy Rood and assistant coach Dion King will provide the hitting instruction and supervision. Mason City High School assistant varsity coach Dan Mason and assistant varsity coach Jason Parker will provide the pitching instruction and supervision.

INCLEMENT WEATHER: We will attempt to hold clinic outdoors if at all possible. However, if the weather is bad enough for safety concerns we will hold the clinic indoors at Mason City High School. We will make an announcement on our website at (www.mohawkbaseball.com) if necessary.

EQUIPMENT NEEDED: Pants, sweatshirt or long sleeved t-shirt, hat, tennis shoes or baseball shoes, glove, and a bat (optional). If the camp moves indoors, please wear tennis shoes.

FEATURES:

- *Hitting Instruction and Evaluation for all Campers
- *Pitching Instruction and Evaluation for all Campers
- *Prizes
- *Free camp T-shirt
- *Free admission to the Mason City High School varsity baseball home opener (May 28th vs. Johnston)

TO REGISTER: On-line registration is available and encouraged at:

www.MasonCityCamps.com Please complete and return the registration form below only if you can't register on-line. Please e-mail Troy Rood at tkrood@mchsi.com with any questions. **WALK-UP REGISTRATIONS ARE DISCOURAGED. PLEASE PRE-REGISTER SO WE CAN BE ORGANIZED TO START INSTRUCTION ON TIME.**

REGISTRATION FORM - 2010 MOHAWK 7th-8th GRADE PITCHING AND HITTING CLINIC

Name: _____ Grade: _____

Address: _____ T-Shirt Size: S M L XL

Phone #: _____

As the parent/guardian of _____, I hereby verify that _____ is in good health and has no medical conditions which would prevent him/her from participating in the Mohawk 7th-8th Grade Pitching and Hitting Clinic. Please provide the following information:

Insurance Carrier: _____ Participant's Name: _____

Parent/Guardian Signature: _____ Date: _____

Please return the detached registration form along with a check payable to Mohawk Baseball Camp to:

Troy Rood
636 South Tennessee Place
Mason City, IA 50401