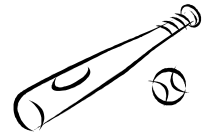




# Grand Valley State University 2012 Winter Softball Camps



- FORMAT:** Each session will provide instruction from GVSU coaches and players. Hourly sessions include hitting, pitching, and defensive (infield, outfield, and catching) drills and instruction. Choose the best date and times for you. Sign up for each session that best fits your needs—all sessions and times are listed on registration form. All clinics will be held in the Kelly Family Sports Center (formerly Laker Turf Building) at Grand Valley State, Allendale Campus.
- DATES:** Sunday, January 8, 2012  
Sunday, January 22, 2012  
Sunday, January 29, 2012
- AGES:** Grades 7-12 (GRAD YEARS 2012-2017)
- TIME:** 10:00am – 3:00pm ALL AGES (Grades 7-8 Infield will be at 2:00pm only)
- COST:** \$20.00 per hour session  
Space is limited. **Registration and payment is due by the Wednesday prior to the chosen clinic or a late fee will be assessed.** If space allows, late registrations will be taken after the deadline for a one-time late fee of \$10.00.  
(GVSU Softball t-shirts and hats will also be available for purchase)

**Registration Information:**

Please make checks payable to "GVSU Softball." A medical consent form must be completed prior to participation. This can be downloaded from [www.gvsulakers.com](http://www.gvsulakers.com) > CAMPS. Mail completed registration form, medical consent, and payment to:

GVSU Softball Camps  
192 FH, 1 Campus Drive  
Allendale, MI 49401

**ONLINE REGISTRATION IS AVAILABLE AT:  
[www.grandvalleystatesoftballcamps.com](http://www.grandvalleystatesoftballcamps.com)**

**Please note: Pitchers must provide a catcher for the pitching sessions.** For more information or any questions, please call (616) 331-3541 or email: [callihad@gvsu.edu](mailto:callihad@gvsu.edu).

**Registration Form (Please circle desired session(s) below. Please choose only 1 per hour)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email (for confirmation) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Grad year \_\_\_\_\_

School \_\_\_\_\_ Summer Team \_\_\_\_\_

Clinic Date Desired: \_\_\_\_\_

10am Hitting <b>OR</b>	11am Hitting <b>OR</b>	12pm Hitting <b>OR</b>	1pm Hitting <b>OR</b>	<b>2:00pm Defense Infield (GRADES 7-8 only)</b>
10am Defense- Catching <b>OR</b>	11am Defense-Infield <b>(High School Only)</b> <b>OR</b>	12pm Defense- Outfield <b>OR</b>	1pm Defense-Infield <b>(High School Only)</b> <b>OR</b>	
10am Pitching	11am Pitching	12pm Pitching	1pm Pitching	