CONFEDERATION PARK LITTLE LEAGUE BASEBALL

4315 – 115 St, Edmonton, AB, T6J 1P5. Phone (780) 434-3336 fax (780) 430- 0828
Email: info@edmontonlittleleague.org Internet: www.edmontonlittleleague.org

Sunday JANUARY 29, 2012 the 28th Annual Winter Baseball Skills Camp will start at The Kinsmen Sport Centre 9100 Walterdale Hill. There are two groups.

Players are put into groups by league age 6, 7,8, 9,10 [players age on April 30, 2012]
The camp for this age group will be **from 1:30 p.m. to 3:30 p.m.** for **08 weeks** commencing on **Sunday January 29, 2012 and ending on Sunday March 18, 2012.**

Players are put into groups by league age 11, 12, 13, 14, 15, 16 [players age on April 30, 2012]
The camp for this age group will be **from 3:30 p.m. to 5:30 p.m**. for **08 weeks** commencing on **Sunday January 29, 2011 and ending on Sunday March 18, 2012.**

During the session a high emphasis will be given to pitching and hitting. Each week there will be hitting and pitching instruction. The first weeks will vary with a balance of proper throwing and catching mechanics, pitching, infielding, and outfielding.

Players need to bring a baseball glove, running shoes and a hat.
SAFETY - Boys and girls will be required to wear an athletic cup for protection.

Instructors for this SKILLS camp are Coaches who coach youth baseball.

The registration will be accepted on a first come basis, as we will be limited to the number of players we can accept. Please arrive 15 minutes early on Sunday January 29 to confirm registration.

Please register before January 07, 2012. Complete the registration form below and mail your cheque payable to Confederation Park Little League, 4315 – 115 St, Edmonton, AB, T6J 1P5.

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REGISTRATION FOR THE 2012 WINTER BASEBALL SKILLS CAMP
SUNDAY January 29 TO SUNDAY March 18, 2012
Payment attached $225.00.payable to Confederation Park Little League

My cancelled cheque is my receipt ____or email me a receipt ____

PLAYER'S NAME: ____

BIRTHDATE ______________________________ AGE: _______[April 30,2012]

TEL: ___________ADDRESS: ___________________________ POSTAL CODE______________

Email: ____Cell 780- ___________________

PARENT/GUARDIAN
APPROVAL____