

5th Annual Cheyenne Grizzlies Baseball Clinic

Mini Camp Tune-up

Level I (ages 5 – 13)

Tuesday June 30th 2009

9:00am – 12:00 pm

CJL Baseball Complex

The Level I workshop will cover the basics of being a defensive and offensive player. Including mechanics of base running, hitting, throwing and fielding. Concentration will be on defensive positioning, form, and reviewing the knowledge and skills necessary to advance the players' game as a whole.

Level II (ages 8- 16)

Tuesday June 30th 2009

1:00 PM – 4:00 pm

CJL Baseball Complex

The Level II workshop will quickly review the basics above then move on to more advanced topics such as situational awareness, precision positioning, defensive specialization, pitching mechanics and improvement of batting skills. Players will become more well-rounded and attuned to the skills required to play and compete at a higher level.

Cost: \$50 for each session*

* \$45 if pre-registered by Monday June 26th , 2009.

Workshop includes:

Great instruction by College Athletes and coaches. One free youth ticket to any Cheyenne Grizzlies' home game, **Lunch Included for players signing up to both clinics.** Lunch can be purchased for \$6.00 (Menu choices are Hamburger or Cheeseburger or 2 Hot Dogs/Corn Dogs, and Chips, Drink, and Cookie)

For more information call Scott Laverty or Ron Kailey
(Cheyenne Grizzlies Coaches) at (307) 631-7337

Registration Form:

Players Name: _____ Date of Birth: _____ Age: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Baseball League: _____

Parent's Name: _____ Emergency. Phone #: (____) _____

Session: Level I Position Interest _____

Level II

This Registration form may be turned in at the Cheyenne Junior League, Any Grizzlies home game or mailed To: Grizzlies Clinic 2532 Plainview Rd. Cheyenne. WY 82009

All players must provide proof of insurance coverage for any injury or sickness while attending the Cheyenne Grizzlies Baseball Clinic. I release Cheyenne Grizzlies Baseball Club LLC, its staff, and all associated agents from any and all liabilities from injury and illness incurred going from home to camp, while at camp, and going home from camp. I hereby give my permission for emergency medical treatment if I cannot be reached.

Insurance Carrier: _____ Policy #: _____

Parent's Signature: _____ Date: _____