

SUNY NEW PALTZ SOFTBALL CLINIC: SUNDAY 11/15/09

**G I R L S S O F T B A L L
O N E D A Y C L I N I C
P L A Y E R S A G E S 1 0 - 1 7**

S E S S I O N 1 : \$ 3 0 . 0 0
S E S S I O N 2 : \$ 3 0 . 0 0
* B O T H S E S S I O N S : \$ 5 0 . 0 0 *

CLINIC AGENDA: Sunday, November 15th, 2009

9:00—9:30 AM SESSION 1 REGISTRATION (inside: *front of gym*)

9:30— 10:00 AM DYNAMIC WARM UP, THROWING PROGRESSION

10:00— 10:30 AM RECEIVING, FIELDING FUNDAMENTALS

10:30—11:30 AM POSITIONAL PLAY

11:30—12:00 PM DEFENSIVE CONDITIONING DRILLS/WRAP UP

12:00 PM LUNCH BREAK * (*drinks provided, please bring sandwich*) *****

12:30—1:00 PM SESSION 2 REGISTRATION (inside: *front of gym*)

1:00—1:30 PM HITTING EVERYDAYS, INTRO TO HITTING

**1:30— 3:00 PM HITTING STATIONS: BUNTING, TEE WORK, DRY
DRILLS, SHORT TOSS, LIVE TOSS W/ INNSTRUCT.**

3:00—3:30 PM ADD IN BASERUNNING/WRAP UP

***PLEASE SEE AND COMPLETE FORM ON NEXT PAGE: PLEASE SEND IN WITH REGISTRATION**

FEE.*

**PRE-REGISTRATION DEADLINE:
SUNDAY NOVEMBER 8TH.
REGISTRATION IS ACCEPTED AT THE DOOR on clinic Date: 11/15/09.**

PLEASE MAKE CHECKS PAYABLE TO:

SUNY NEW PALTZ

(MEMO: SOFTBALL CLINIC)

MAIL w/ FORM BELOW TO:

DENISE MARCHESE-SOFTBALL

SUNY NEW PALTZ

1 HAWK DRIVE, OFFICE 105 B

NEW PALTZ, NY. 12561

******PLEASE COMPLETE AND RETURN WITH REGISTRATION FEE***:***

SESSION 1 ONLY: \$30.00/ SESSION 2 ONLY: \$30.00

BOTH SESSIONS: \$50.00

PLAYER NAME: _____

PLAYER ADDRESS: _____

AGE: _____ **PRIMARY FIELD POSITION:** _____

SECONDARY FIELD POSITION: _____

PLAYING TEAMS/YRS.EXPERIENCE: _____

THROWS: R or L _____ **HITS:** R or L _____

***If paying by check: CHECK number enclosed:** _____

CHECKS PAYABLE TO: SUNY NEW PALTZ/ MEMO: SOFTBALL

CONTACT INFO: COACH: DENISE MARCHESE

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