

# SHAMROCK TEE BALL CAMP

When: June 8-11m 2010  
Where: Avery Road Baseball Complex  
Who: Any Baseball or Softball players ages 5-6  
Time: 9 - 11:30 a.m.  
Cost: \$55

Dear Parents,

The Dublin Coffman Baseball Staff will once again include Tee Ball players in our annual Shamrock Baseball Camp. We will cover the basics of the game including form running, base running, throwing, catching, hitting, fielding, infield & outfield play and game situations.

If you would like to enroll your son or daughter in camp, please complete the application below and return it to Tim Saunders at Dublin Coffman High School (address below).

We have a shortened day due to the attention span of this age group. Our goal is to teach each child the correct fundamentals in every area of the game as well as to supply as many repetitions as they can get in each day in order to improve and to give the players an atmosphere that is fun and rewarding.

I hope you consider sending your child to camp and look forward to seeing him or her there. If you have any questions please e-mail me at saunders\_tim@mail.dublin.k12.oh.us or call my voice mail at 718-8176. I will get back with you.

Thanks and have a great summer.

Tim Saunders  
Coffman Head Coach

Make checks payable to Tim Saunders  
Mail to: Tim Saunders  
Dublin Coffman High School  
6780 Coffman Road  
Dublin, OH 43017

Detach & mail application & payment.

## SHAMROCK TEE BALL CAMP APPLICATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
application.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade next year \_\_\_\_\_  
Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

\$55 due with this

I hereby desire that my child participate in the baseball camp offered by Tim Saunders and by execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for his benefit. I hereby voluntarily assume all risks of accident or injury to my child which may arise out of this program from liability that may result from his participation.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number in case of emergency  
order a little too big).

\_\_\_\_\_  
T-shirt size (please be accurate. It's best to