

WITTENBERG UNIVERSITY
SOFTBALL SKILLS CLINIC
FOR GIRLS IN GRADES K-12



FEBRUARY 14th Infield/Hitting

AGES 5-11 12:00 – 5:00pm

FEBRUARY 20TH Outfield/Hitting

ALL AGES 12:00 – 5:00pm

FEBRUARY 21st Infield/Hitting

AGES 12-18 12:00 – 5:00pm

**ATTENTION AREA SOFTBALL
PLAYERS & COACHES**

The 2010 Wittenberg University Women's Softball Team will host three sessions of an **all skills clinics**, which will give players the opportunity to receive organized instruction on all aspects of softball. The clinic will provide expertise instruction in the fundamentals of hitting, slapping, bunting, throwing, catching, base running, and fielding with specialty position instruction. Sorry, no pitching is offered. The session will be broken down so that players will have a chance to receive specific instruction in each area.

SESSION A: Infield defense and hitting

This clinic will run from 12:00-5:00pm on Sunday, February 14, 2010.

This session is open to girls ages 5-11. Be sure to register early.

Enrollment is limited in order to maximize instruction.

SESSION B: Outfield defense and hitting

This clinic will run from 12:00-5:00pm on Saturday, February 20, 2008.

This session is open to girls in grades K-12. Enrollment is limited, so please register early.

Session C: Infield defense and hitting

This clinic will run from 12:00-5:00pm on Sunday, February 21, 2010.

This session is open to girls ages 12-18. Be sure to register early.

Enrollment is limited in order to maximize instruction.

FACILITIES: The facilities at Wittenberg's HPER center feature:

- Six full-size batting cages
- Two large gymnasiums for instruction
- A stage off the gym for added space
- 3 of 6 racquet ball courts for added space

FEE: The cost for each person per session is \$45.00 and \$35.00 for each additional sibling. If six (6) players from the same team (summer, rec, school, etc.) register, the total charge is \$210.00. That is a savings of \$10.00 per player. If you register under this special deal, registration slips must all be submitted together.

AGE LIMIT: Enrollment is limited to those players in grades K-12.

CLINIC STAFF:

Director.....Becky Hall
Head Coach, Wittenberg University, 12th year
4 star Master Coach, NFCA
2000, 2003 NCAC Coach of the Year
1997 Graduate of Urbana University
1996, 1997 Two-Time All MOC Conference Selection-2B

Additional staff:

Assistant Coach (3rd year).....Brett Sadler
Former Springfield North HS Head Softball Coach
Assistant Coach (8th year).....Doug Hatcher
Assistant Coach (3rd year).....Jodi Eickemeyer
Former University of Dayton Head Coach/Pitching
Instructor at Batcave Inc.(Spfld) and Let's Play Ball (Dayton)
Assistant Coach (1st year).....Ali Teopas
Student Assistant Coach (3rd year).....Tori Vogelgesang
Current 2010 Wittenberg University Team members

***Applications should be accompanied by payment, checks should be made out to Wittenberg Softball.** Mail to :

Becky Hall, Softball Coach
Wittenberg University
PO Box 720
Springfield, OH 45501-0720

*******Applications must be received by February 13th for Session A, February 19th for Session B, and February 20th for session C.**

For Further Information, contact Becky Hall @ 937-327-6460 or rhall@wittenberg.edu or visit us on the web at www.wittenberg.edu/athletics/softball

**FOR FURTHER INFORMATION, CONTACT
BECKY HALL @ 937-327-6460 or through email at:
rhall@wittenberg.edu**

WITTENBERG SOFTBALL SKILLS CLINIC 2010 APPLICATION
(duplicate this form as necessary for each participant)

Name _____
School Name _____
Address _____ City _____
State _____ Zip _____
Phone() _____ Age _____ Grade _____ Graduation Year _____
Position(s) _____ Please Circle
Session A Session B

*****Registration will take place ½ hour before each session begins in the HPER Center Lobby*****

I, hereby authorize the Director(s) of the Skills Clinic to act accordingly to their best judgment in any emergency requiring medical attention. I also acknowledge that my daughter is covered through family medical insurance as described below.

Parent's/Guardian's

Signature _____
Date _____

Insurance Co. _____ **Policy**
No. _____

Family Dentist _____ **Family**
Doctor _____