



FASTPITCH CAMPS AND CLINICS PROUDLY ANNOUNCES

WINTER 2012 pitching clinic/ 39th Session

For Girls in Grades 2 – 12

LOCATION: Mt. St. Mary Academy, Route 22 West, Watchung/Plainfield NJ

DATES: ** January 8, 15, 22, 29 February 5, 12, 19, 26
March 4, 11, 18, 2012 ** This schedule is subject to change

TIMES: Session 1 Beginner: 9:00 – 10:00 a.m. Session 3B Interm. Plus 12:30 – 1:30 pm
Session 2, Begin Plus, 10:00 – 11:00 a.m. *Private Lessons* 1:30 – 2:00 p.m.
Private Lessons 11:00 – 11:30 a.m. Session 4&5, Advance 2:00 – 3:00 p.m.
Session 3A, Intermediate 11:30 – 12:30 p.m.

Classes 3A – 5 will be closed at 20 participants max. Please register early.
New participants must call Jody for accurate placement. (**Please don't guess**) Thank you.

COST: \$245.00 per pitcher/pre-registration, postmarked on or before Dec. 11, 2011
\$195.00 for WBSI Rec player if registered by Dec. 11, 2011
\$280.00 per pitcher/pre-registration, postmarked after Dec. 11, 2011
\$325.00 per pitcher at the door

No refunds, credits or money/registration transfers once pitcher is enrolled or registered
Checks made payable to "Fastpitch Camps and Clinics"



For additional information, contact Jody D'Amato, Camp Director
at fastpitch@comcast.net or call (908) 276-0680.

To register, return bottom portion with your check payable to NJ Fastpitch Camps and Clinics

Regis. MSMA Pitching/Winter 2012 (Please print clearly) Session 1 2 3A 3B 4 & 5

Name: _____ Telephone (____) _____

Address: _____ City: _____ St.: ___ Zip: _____

Age: _____ Grade: _____ RH/LH _____ Parents names: _____

Print Family e-mail: _____

Parents Cell: _____

Mail registration form and check to: Jody D'Amato, NJ Fastpitch Camp Director
PO Box 5788 Clark, NJ 07066

I release and hold harmless the NJ Fastpitch staff, the Mt. St. Mary Board of Trustees, Sisters of Mercy and Mount Saint Mary Academy; its staff, faculty and administration from any and all liability to me or my child as a result of attending this pitching clinic. Furthermore, my child is physically fit to participate in the activities of this clinic.

Parent or Guardian signature and date

Please note any health concerns, allergies or important health information that camp administration should be aware of on the back of this form.

WBSI REC PLAYER 2012