

BULLDOGS BASEBALL CAMP

BHS Coach Pat O'Neil will be conducting a Baseball Camp for any boy entering grades 1 thru 8.

The Camp is under the direction of Pat O'Neil, the Bulldogs Head Baseball Coach. Instruction will include: hitting, bunting, base-running, throwing, catching, fielding, pitching and skills testing. All the players will be placed in small groups with an instructor. The Assistant Coaches and Varsity players of Brownsburg High School will be assisting during the camp.

I encourage your son to participate in this camp to help them become better baseball players for the future. It will be beneficial to their physical and social development, regardless of their baseball talents or their baseball goals.

PLACE: BROWNSBURG HIGH SCHOOL BASEBALL FIELD

DATES: JUNE 21, 22, 23

TIMES: GRADES 1-4 (10:00-11:15pm);

GRADES 5-8 (11:30-12:45pm)

COST: \$40... (2ND CHILD \$30)



Equipment needed: Baseball glove, shoes (spikes or tennis shoes), bat/helmet if able, comfortable clothing

A T-shirt will be given to each camper, while awards will be given out on the last day.

PLEASE FILL OUT THE APPLICATION AND RETURN AS SOON AS POSSIBLE. MAKE CHECKS OUT TO: Pat O'Neil. Send the registration and check to: Pat O'Neil, 18 Pine Meadow Dr, Brownsburg, IN 46112. ANY QUESTIONS, FEEL FREE TO CONTACT ME AT 852-2258 EXT. 1256 or 270-3789

Yours In Baseball

Pat O'Neil



BASEBALL CAMP REGISTRATION

(include with payment)

NAME: _____

ADDRESS: _____

PHONE: _____

AGE: _____ GRADE NEXT FALL: _____ POSITION(S): _____

T-SHIRT SIZE: (CIRCLE ONE) S M L XL XXL MENS _____ Youth _____

MAKE CHECKS AVAILABLE TO: Pat O'Neil

ANY ADDITIONAL INFO, CALL COACH O'NEIL AT 852-2258 ext 1256 or 270-3789.

PARENT/GUARDIAN PERMISSION FORM

As the Parent/Guardian of _____, I hereby approve of his/her participation in the Brownsburg Baseball Clinic. The signature on this form indicates that I accept full responsibility for my injuries or damages received by the participant. In addition, the Brownsburg School Corporation and employees are not held responsible for any injuries or damages received by the participant.

PARENT/GUARDIAN/ SIGNATURE _____ DATE _____