

2009 **SOFTBALL CAMP**

WHAT: The APU Softball Team will again host camp this summer! Young athletes will learn the individual and team skills necessary to compete in the increasingly popular sport of fastpitch softball. The Cougar All Around Camp will emphasize individualized instruction, including offensive and defensive fundamentals.

The 2009 APU Softball Team will guide campers through all aspects of the game including pitching, catching, fielding, hitting, baserunning, sliding, and life as a college athlete. Participants will also learn the importance of discipline, confidence, and enjoying the game from women who know what it takes to play collegiate softball. Come learn with a team that has consistently placed in the NAIA's top 25 and made post-season appearances 9 of the past 12 years, including 3 GSAC conference titles and a second place finish at the NAIA National Championship.

WHO: Open to girls between 6 and 14 years of age. Participants will be grouped according to age and experience.

WHEN: June 22, 24, 26 (Monday, Wednesday, Friday)
5:30–8:30 p.m.

WHERE: Azusa Pacific University Softball Field, West Campus
701 E. Foothill Blvd., Azusa, CA 91702 (North side of Foothill Blvd. at Cerritos Ave.)

COST: \$75 for all sessions or \$30 per session (includes camp t-shirt)



For more information, contact Assistant Coach Lori Shimasaki at LShimasaki@apu.edu or (626) 815-5443.

CAMP REGISTRATION FORM (ON-SITE REGISTRATION IS ALSO AVAILABLE):

Please complete one form per child per camp and provide all requested information below. Checks should be made payable to Azusa Pacific University Softball and should be mailed along with this form to: **Lori Shimasaki, Athletics Department, Azusa Pacific University, PO Box 7000, Azusa, CA 91702-7000.**

Camper's Name: _____ Age: _____ Position: _____

School: _____ Grade: _____ City: _____

Youth shirt size: M L –or– Adult shirt size: S M L

Parents'/Guardians' Names: _____

Phone: _____ Email: _____

Address: _____ City: _____

State: _____ ZIP: _____

Emergency Contact: _____ Phone: _____

Health insurance provider: _____ Policy number: _____

Amount of Check Enclosed: \$ _____