



Coe College Softball
Pitching and Hitting Clinics
2011 - 2012

Clinics are held in **Eby Fieldhouse** on the **Coe College Campus** for grades 3rd – 12th

Fees are \$30.00 (hitting or pitching) or \$50.00 (hitting and pitching on the same day)

Clinic dates: October 23rd
 November 6th
 November 20th
 December 11th
 January 8th
 January 22nd
 February 12th
 February 19th

Softball Camp: Sunday, February 26th from 9am – 12pm or 1pm – 4pm. Additional information will be provided at the clinics or click the 'Camps' link on the Softball Web page for registration form.

Pitching Objectives: To teach proper mechanics of speed, control and movement according to the player's ability including mental preparation and a positive attitude. Session time is **1:00pm – 2:30pm.**

Hitting Objectives: To teach proper mechanics of load, hand position and movement, weight distribution, balance, extension and follow through. Session time is **2:30pm – 4:00pm.**

Pitchers must bring their own catchers (balls are provided). Hitters are encouraged to bring their own bats & helmets. Each session has a 20 athlete limit. No refunds / session changes will be granted if a player does not show for a previously paid for session unless you have contacted Coach Bob Timmons prior to that session date.

To reserve a session(s), complete the registration form on page 2 and mail to:

Bob Timmons
Coe College Athletic Department
1220 1st Avenue NE
Cedar Rapids, IA 52402

Or scan your registration form and email to dmeyer@coe.edu. Make checks payable to **Coe College Softball.**

Unless we contact you, assume your spot is reserved for every session you're registering for.

In the case of inclement weather, call Coach Timmons' cell phone to see if the clinic is being held that day.

Coach Bob Timmons: 319.399.8859 (office), 319.551.2869 (cell) or btimmons@coe.edu.



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Place an X in each session that you want to attend as well as complete the total fee being remitted.

Session #	Date	Pitching 1:00 – 2:30 pm	Hitting 2:30 – 4:00 pm	Fee \$30 or \$50 / session
1	October 23			
2	November 6			
3	November 20			
4	December 11			
5	January 8			
6	January 22			
7	February 12			
8	February 19			
	Total \$ Enclosed			

Athlete Name: _____

Grade: _____ Age: _____

School: _____

Athlete e-mail address _____

Parent Name: _____

Address: _____

Parent e-mail address _____

Home Phone: _____

Work Phone: _____

Cell Phone _____

I (We) understand that accidents may occur in athletics even though safety precautions have been taken. My daughter has my permission to participate in the COE COLLEGE Softball Clinics and Camp and will not hold Coe College, Bob Timmons or any other coach or player responsible if an accident should occur.

Parent/Guardian Signature: _____ Date _____