



Holiday Camp

TUESDAY, DECEMBER 30, 2008

HIT like the Tigers • FIELD like the Tigers • TRAIN like the Tigers!

TAKE ADVANTAGE OF A FULL DAY OF SKILL WORK WITH COLLEGE COACHES AND PLAYERS FROM THE AREA. ALSO - TOWSON UNIVERSITY'S STRENGTH COACH WILL PRESENT A SPECIAL STRENGTH TRAINING SESSION!

WHO: Softball Players aged 7-18 WITH AT LEAST 1 YEAR OF PLAYING EXPERIENCE ALL SKILL LEVEL

WHERE: Towson University's Towson Center, Indoor Facilities

WHEN: Tuesday, December 30, 2008
9:00 a.m - 2:00 p.m. - Skill Clinic

COST: \$65.00 (please make checks payable to: TU - Softball)

EQUIPMENT: Bat, Tennis Shoes, Batting Gloves, Glove, Helmet

DEADLINE: December 15, 2008 (or once registration reaches 100 campers)

LUNCH: Campers must bring a bag lunch and drink

DIRECTIONS: 695 to Exit 25 (Charles St.) and proceed south approximately 1.7 miles. Turn left on Towsontowne Blvd. Turn right on Osler Dr. (the first stop light) and proceed one-half mile. Turn right on Auburn Dr. and continue to Towson Center.

For disability-related accommodations, please contact Lisa Costello, Softball Office, 410-704-3164, LCostello@towson.edu at least 2 or more weeks before the camp to allow sufficient time to make necessary arrangements.

REGISTRATION WILL BE LIMITED! THIS CAMP HAS SOLD OUT THE LAST 7 YEARS.

Confirmations will be emailed starting November 20th.

E-MAIL: LCostello@towson.edu • PHONE: 410.704.3164 • FAX: 410.704.3748

REGISTRATION FORM

Camper's Name: _____

Insurance Company: _____

Parent/Guardian Name: _____

Policy #: _____

Address: _____

Emergency Contact Name: _____

City/State/Zip: _____

Emergency Contact Phone #: _____

Home Phone: _____ Cell: _____

Please make checks payable to: **Towson University Softball**

Email or Fax: _____

Return application to: Towson University Softball Office
Department of Athletics
8000 York Road
Towson, MD 21252-0001

Age: _____ Grade: _____ Position: _____

I hereby give my permission and certify that my daughter is in good health and is able to participate in all camp activities. In case of emergency, I grant permission for my daughter to be given emergency treatment at a local hospital.

Signature of Parent/Guardian: _____