



# Dakota Softball

## 2010 INSTRUCTIONAL CLINIC



Conducted by the Dakota Softball Coaching Staff

April 17, 2010

Dakota High School

9:00 AM – 2:00 PM

Program Coordinator: Rick Fontaine, Dakota Varsity Softball Coach  
 (586) 723-2987, [rfontaine@cvs.k12.mi.us](mailto:rfontaine@cvs.k12.mi.us), [www.cvs.k12.mi.us/dakotasoftball](http://www.cvs.k12.mi.us/dakotasoftball)

### \$40 per participant

**(PRICE INCLUDES LUNCH, T-SHIRT, AND EXCELLENT INSTRUCTION!)**

This camp is open to all girls currently in grades 2 - 8. Fundamentals in hitting, throwing, fielding, and baserunning will be covered. The camp will utilize the indoor and outdoor facilities at Dakota High School (weather permitting). Parents and Youth League coaches are encouraged to stay for the day and watch!

Proper attire and equipment required: glove, shorts/sweats, and gym shoes ... Additional equipment/attire may include softball spikes, softball bat, and batting gloves. Dakota HS is not responsible for lost or stolen items!

**Registration is due by April 9, 2010**

**Check-in begins at 8:30 AM at the West Athletic Entrance**

**Late registrations at check-in are subject to a \$10 fee and accepted based on space availability.**

Detach the following stub and include with payment.

Payment can be made in person, by phone at 586-723-2050, online at <https://onlinereg.cvs.k12.mi.us>, or mailed to Chippewa Valley Schools, Adult and Community Education, 19230 Cass Avenue, Clinton Township, MI 48038

Payment can be made in cash, check, VISA or MasterCard (*Make checks payable to Chippewa Valley Schools*)

No refunds on one-day events and a \$20 fee will be assessed for any returned checks.

Withdrawals after the registration due date, but before the start date are refunded at 50%.

**PAYMENT IS DUE IN FULL AT TIME OF REGISTRATION!**

Return this stub with Payment (636057-01)

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### **DAKOTA SOFTBALL CLINIC (APRIL 17, 2010)**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size (Circle One) YS YM YL AS AM AL

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address/City: \_\_\_\_\_ Zip: \_\_\_\_\_

VISA/MasterCard: \_\_\_\_\_