



# Dakota Softball

## 2015 INSTRUCTIONAL CLINIC



Conducted by the Dakota Softball Coaching Staff

**March 21, 2015**

**Dakota High School**

**9:00 AM – 2:00 PM**

Program Coordinator: Rick Fontaine, Dakota Varsity Softball Coach  
(586) 723-2977, [rfontaine@cvs.k12.mi.us](mailto:rfontaine@cvs.k12.mi.us),

**\$50 per participant**

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

This camp is open to all girls currently in grades 4 - 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 12:00 pm on March 17, 2015**

**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. (*Late Registration does not guarantee a T-Shirt.*)**

Detach the following stub and include with payment.

Payment can be made online at <https://onlinereg.cvs.k12.mi.us>, or mailed to:

Chippewa Valley Schools, Adult and Community Education, 50375 Card Rd., Macomb, MI 48044

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

A \$20 fee will be assessed for any returned checks.

Withdrawals between March 16 - March 20 are refunded at 50%. No refunds will be given on or after March 21.

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

Return this stub with Payment (836057-01)

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### **DAKOTA SOFTBALL CLINIC (MARCH 21, 2015)**

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

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

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

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

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