

**MAIL REGISTRATION AND PAY-  
MENT (cash or check)  
TO:**

**Brady Tigert  
Head Softball Coach  
Midwestern State University  
3410 Taft Blvd.  
Wichita Falls, TX 76308**

Phone: 940-397-6329

Fax: 940-397-4892



**CHECKS SHOULD BE  
MADE PAYABLE TO:  
*MSU*  
*SOFTBALL***

**If you have any questions,  
please contact:  
Kasi Carroll  
Associate Head Softball Coach  
Midwestern State University**

Phone: 940-397-6329

Or

Email: [kasi.carroll@mwsu.edu](mailto:kasi.carroll@mwsu.edu)

**We look forward  
to seeing you at  
Mustang Softball  
Camp this  
summer!**

**Midwestern  
State  
University**

***Mustang  
Softball  
Day Camp***



**\*June 11-13th  
\*9:00-12:00  
\*All Skills Camp**

## Midwestern State Softball

The MSU softball program has experienced great success throughout its short history. Led by Coach Brady Tigert, the Midwestern State Mustangs have become one of the top teams in not only the Lone Star Conference, but in all of DII softball. In 2011, The "Fillies" made it to their first ever DII Women's College World Series where they took third and finished the season with a #3 National Ranking.

### About the Camp

Midwestern State will be hosting an all skills day camp June 11-13th for girls ages 7-13. This camp is designed to give athletes the opportunity to improve fundamental offensive and defensive skills. Pitching and catching techniques will also be demonstrated and practiced. Athletes will not only work with the MSU coaching staff but will also have the opportunity to meet and learn from current and former MSU players.

The complete cost of attendance is **\$75.** Please submit registration and payment no later than **June 4, 2012.**

## Family Discount

**Families with more than one child attending camp will receive \$10 off the cost for the second child.**

### WHAT TO BRING TO CAMP

- Bat
- Glove
- Cleats
- Batting Helmet
- Water/Sports Drink
- Sunscreen
- A GREAT ATTITUDE!



### Registration Form

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

T-Shirt Size: YM YL AS AM AL AXL

The undersigned parent or guardian of the participant named herein agrees that camp staff may render first aid in the event of emergency illness or accident or that a licensed M.D. and/or Emergency Medical Technician shall be authorized to administer medical treatment deemed necessary for the participant. In applying for acceptance, I waive and release all rights and claims for any damages against the camp and its representatives and give my child permission to participate in this camp.

Please sign below hereby agreeing to the conditions stated above.

Parent/ Guardian's Signature

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