

# **FAST PITCH SOFTBALL HITTING CAMP**

## **Including Throwing Fundamental Review**



**SUNDAY, FEBRUARY 21, 2010**  
**St Josephs Elementary - Gymnasium**  
**503 Edith Street**  
**Missoula, MT**

Juju Predisik, Hitting Coach from Spokane Falls Community College (SFCC) along with members of the SFCC softball team and the 18U Lady Osprey coaches will be providing a hitting camp open to all fast pitch softball players ages 8 – 16.

### **Each Session Will Include:**

- 1 ½ Hours of Hitting  
Quality swings with feedback and correction at ten or more different hitting stations.
- 30 Minutes of Throwing  
Identification of proper throwing fundamentals and common problems.  
Throwing is the single most important fundamental for the developing player.

**\*8:30 – 9:00 a.m.: VIP: Coaches and Parents.** Coach Predisik will be discussing the hitting technique that he will be teaching the campers during their Session. A must if you are working with your player or child!

**Session 1 for Ages: 11 & 12**  
**Time: 9:00 – 11:00 a.m.**

**Session 2 for Ages: 13 - 16**  
**Time: 11:30 – 1:30 p.m.**

**1:30 – 2:00 p.m.: Open Forum:  
Question and Answer Session**

**Session 3 for Ages 8 - 10**  
**Time: 2:00 – 4:00 p.m.**

Session cost: \$35.00.

Registration is limited, and campers will be taken on a first come, first served basis.

# FAST PITCH SOFTBALL HITTING CAMP

**Don't Miss Out! Sign Up Now!**

**Session 1:** \_\_\_\_\_ **Session 2:** \_\_\_\_\_ **Session 3:** \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Camper's Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

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

**Checks made payable to: 18U Lady Osprey  
c/o Jackie White  
4030 Fieldstone Crossing  
Missoula, MT 59802**

**Contact for Questions: Jackie White, 18U Lady Osprey Coordinator at  
406-240-4075 or at [ladyospreyfps@live.com](mailto:ladyospreyfps@live.com)**

**WAIVER:** I hereby authorize the instructors of the hitting camp to act according to their best judgment in any emergency requiring medical attention and I hereby waive and release this camp and its volunteers from any and all liabilities from injury and/or illness occurred while at the camp. I have no knowledge of any physical impairment that would affect the previously named camper's participation in the softball camp.

Name of participant: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_