



**KUTZTOWN UNIVERSITY SOFTBALL
PRESENTS OUR ANNUAL CHRISTMAS CAMP**

Dates: December 26th – December 28th 2017.

Ages: Grades 6th – 12th.

Check in: 12/26/17 Noon-1:00 PM Check out: 12/28/17 @ Noon

Where: Kutztown University's Keystone Hall

Cost: \$225.00 (Includes instruction, lodging, meals)

All Registration is to be submitted via Mail. No online registration for this event

Staff: The KU Softball Coaching Staff – Head Coach Judy Lawes, Assistant Coach Don Justus, and current KU Players. The camp will be conducted in our 60,000 square foot field house. The facility is large enough to accommodate full infield and outfield.

Note: “We will be lodging and dining in Keystone Hall. Campers must bring a sleeping bag as we will be camping in Keystone.”

Instruction and College Practices: Experience a college practice atmosphere while following KU's daily in season workouts. Individual instruction in all phases of the fast pitch game will be applied during the course of this camp. All positions will be covered. We will also provide a strong emphasis on offensive skills, particularly hitting.

What to bring: Glove, bat, helmet, batting gloves, sneakers or indoor training shoes. Sleeping bag, pillow, air mattress, overnight supplies, and bathing suit for pool workouts.

Contact Judy Lawes or Don Justus with any questions in reference to the camp.

Head Coach Judy Lawes lawes@kutztown.edu 610-683-4665

Assistant Coach Don Justus Justus@kutztown.edu 610-683-4665

Kutztown University Softball Keystone Hall P.O. Box 730 Kutztown, PA 19530

“Don't Hibernate Participate”

KUTZTOWN UNIVERSITY SOFTBALL HOLIDAY CAMP

REGISTRATION FORM

Player Name: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Grade: _____ Home Phone: _____ Cell: _____

Email: _____

T-Shirt Size: Youth L _____ Youth XL _____ Adult S _____ M _____ L _____ XL _____

Cost: \$225.00 per player make checks payable to – “Kutztown University Softball”

Mail Registration to: Kutztown University Softball Keystone Hall P.O. Box 730 Kutztown, PA 19530 **NOTE:**

All registration is to be submitted via Mail. No online registration is offered for this event.

Emergency Contact Information:

Parents or Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

In Case of Emergency Notify: _____

Relationship: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Health Insurance Carrier: _____

Policy #: _____

Camp has my consent to secure medical treatment for my child in case of emergency. Camp may elect to access family health/accident policy. Parent/Guardian will be notified immediately. I permit them to participate in normal daily camp activities and I will be responsible for insurance coverage for my child/children. I have carefully read the enclosed information and agree to the conditions stated herein.

Parent/Guardian Signature: _____ Date: _____