



Montville Recreation Department's

SOFTBALL

CLINIC

Summer 2009



WHO: Open to students who are ENTERING the 3rd through 8th Grades in September 2009

WHAT: An opportunity for players to learn and/or improve various different softball skills. Coaches will work individually with players to improve their batting stance and swing. Defensively, players will improve their fielding, catching and throwing techniques through various drills and games. Camp T-shirt and awards will be provided.

WHEN: Monday, July 13th through Friday, July 17th from 9:00am to 12:00pm.
Please bring a water bottle! Dress appropriately according to the weather. Girls should wear cleats and bring their glove.

WHERE: Montville Township High School Softball Field

INSTRUCTORS: Coach John Immediato, HS Varsity Softball and Assistant Coaches and Players

FEE: \$80.00 for the five day clinic OR \$30.00 daily rate. *NOTE: There will be a \$5.00 processing fee for refunds!*
PAYABLE TO: Montville Recreation, 195 Change Bridge Road, Montville 07045

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot
 *** **NEW !!! A CONVENIENCE FEE will now be charged for Credit Card use! Credit cards will ONLY be accepted ON-LINE!**
 *** **Check or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!** ***
 For On-Line Registration !!! Go to the town's website at: www.montvillenj.org
 Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit Our Website: www.montvillenj.org

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NAME _____ AGE _____ BIRTHDATE _____ SEPT 09 GRADE _____ SCHOOL _____
 ADDRESS _____ TOWN _____ PHONE _____ CELL _____
 EMERGENCY NAME & NUMBER _____

Please list any special needs that your child may have that will assist us in providing a successful experience:

Please Circle Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium

My child has my permission to participate in this program.
 I understand that the Recreation Department **DOES NOT** provide accident insurance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE: Fee Paid _____ Cash Check Date _____ Received By _____ **PROGRAM # 841**