

# LEHIGH UNIVERSITY



## Offensive Clinic

Ages 6-18  
 Date January 17, 2010  
 Time 1:00pm - 3:00pm  
 Cost \$40 per camper

## Pitching/Catching Clinic

Ages 6-18  
 Date February 7, 2010  
 Time 10:00am - 12:00pm  
 Cost \$40 per camper

Log on to [www.lehighsports.com](http://www.lehighsports.com)  
 to register on line and for:

- Directions
- Check-in Information
- Health Form and Waivers (required for all campers)

# BASEBALL CLINIC WINTER 2010

\* Location for camp will be Ruach Field House at Lehigh University's Goodman Campus



**Sean Leary, Clinic Co-Director**  
 Lehigh University Head Baseball Coach



**Brian Hirschberg, Clinic Co-Director**  
 Lehigh University Hitting Coach

### Clinic Staff

- John Bisco** - Lehigh University Pitching Coach/Cincinnati Reds  
**Kyle Collina** - Lehigh University Assistant Coach/Cleveland Indians  
**Matt McBride** - Cleveland Indians Organization/'09 Arizona Fall League All-Star  
**Mark Angelo** - Seattle Mariners Organization  
**Jason Buursma** - St. Louis Cardinals Organization  
 Along with several current Lehigh University players

### Lehigh Baseball Clinic Series

The objective of these clinics are to provide instruction in the basic and advanced areas of the game. The offensive clinic will incorporate learning through different drills and techniques, as well as emphasize the importance of the mental approach. The pitching and catching clinic will detail some of the finer points of each position - specifically grips, locations, and mechanics - while all pitchers will get to throw live to a catcher off our indoor mounds and get their velocity clocked on our Stalker Radar Gun! Each clinic is open to all ages (6-18) and all levels of ability. Parents are more than welcome to stay and watch.



LU 2004-06

**Matt McBride**

### Camp Will Provide:

Helmets, Bats, Catching Gear, Balls

### Campers Should Bring:

Gloves, Sneakers, Hat, Water Bottle,  
 Bat (optional)

### All information spaces must be completed for enrollment. Please print clearly.

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

\*Registration confirmation and other camp information will be sent via email. Please indicate if you do not have email.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Adults Authorized to Pick up Camper: \_\_\_\_\_

Grade as of Sept 2009: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s): \_\_\_\_\_

*For Full Refund Policy or to  
 Register Instantly On-line, check  
 out [www.lehighsports.com](http://www.lehighsports.com)*

Please make checks payable to:

**Lehigh University Camps**

641 Taylor Street

Bethlehem, PA 18015

Winter Clinic Series (BAC 2)  Jan 17 \$40

Payment Method (BAC 3)  Feb 7 \$40

Check # \_\_\_\_\_ Money Order \_\_\_\_\_

Credit Card Visa \_\_\_\_\_  
 Mastercard \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_