

GRIZZLIES BASEBALL ACADEMY WINTER BASEBALL CLINIC

MARK YOUR CALENDAR AND JOIN US ON DECEMBER 28TH & 29TH FOR THE GRIZZLIES BASEBALL ACADEMY WINTER BASEBALL CLINIC!



GBA WINTER BASEBALL CLINIC

SESSION 1 – December 28TH and 29TH – 9:00 a.m. to 12:00 p.m.

SESSION 2 – December 28TH and 29TH – 1:00 p.m. to 4:00 p.m.

CLINIC INCLUDES:

1. FUNDAMENTALS OF HITTING

- A. STANCE SET-UP
- B. MECHANICS OF THE SWING
- C. APPROACH AT THE PLATE
- D. HITTING TO ALL FIELDS
- E. SITUATIONAL HITTING
- F. PROPER TRAINING TECHNIQUES AND DRILL WORK
- G. GBA WINTER BASEBALL CLINIC T-SHIRT

2. FUNDAMENTALS OF PITCHING

- A. PROPER SET-UP
- B. MECHANICS OF THE "WIND-UP"
- C. MECHANICS OF THE "STRETCH"
- D. KNOWLEDGE AND COMMAND OF THE STRIKE ZONE
- E. SITUATIONAL PITCHING
- F. PROPER TRAINING TECHNIQUES AND DRILL WORK
- G. GBA WINTER BASEBALL CLINIC T-SHIRT

WHERE: GRIZZLIES BASEBALL ACADEMY

COST: \$65 PER ATTENDEE

LIMIT: 20 PARTICIPANTS PER CLINIC

**** (WITH LIMITED AVAILABILITY, PLEASE FEEL FREE TO E-MAIL US AT contact@grizzliesbaseballacademy.com or call us at 618-781-8170 to pre-register. Please make all checks payable to GATEWAY GRIZZLIES. Please mail payment and registration to 2301 Grizzlie Bear Blvd. Sauget, IL 62206 Attn: GBA WINTER CLINIC****

REGISTRATION:

NAME _____ BIRTHDATE _____/_____/_____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(H) _____ PHONE(W) _____

PHONE(C) _____

EMAIL _____

T-SHIRT SIZE (PLEASE CIRCLE ONE) YS YM YL S M L XL

CAMP DATE AND DETAILS

_____ Session 1 – December 28th and 29th – 9:00 a.m. to 12:00 p.m. – \$65.00

_____ Session 2 – December 28th and 29th – 1:00 p.m. to 4:00 p.m. – \$65.00

Please make all checks payable to GATEWAY GRIZZLIES. Please mail payment and registration to:

**Gateway Grizzlies
2301 Grizzlie Bear Blvd. Sauget, IL 62206
Attn: GBA WINTER CLINIC**

I release and hold harmless the Gateway Baseball Academy and camp representatives, the employees, the complex being used, its representatives and employees from any and all liability to me or my child as a result of attending this activity. Furthermore my child is physically fit to participate in the daily program activities. I hereby authorize the staff of the Gateway Baseball Academy to act for me in an emergency.

Signature of Parent/Guardian

Date