



# St. Cloud State University Softball Pitching Clinics

Sessions will include:

- Fundamentals and techniques of basic softball pitching skills
- Techniques on throwing drop, rise, change, and curve balls.
- A personal evaluation progress report
- Access to an indoor facility during winter months.

**When:** Sundays

*\*Beginning Pitching from 12:00 pm – 1.00pm*

*\*Advanced Pitching from 1:00pm – 2:00pm*

**Where:** St. Cloud State University Field House, Halenbeck Hall  
and Husky Dome

## **Session ONE – 5 Weeks**

Cost \$125

October 15th 22nd, & 29th

November 5th, 12th

## **Session TWO – 4 Weeks**

Cost \$100

January 21st, 28th

February 4<sup>th</sup>, 11<sup>th</sup>

**\*\*\*Individual Session cost will be \$25 per date.**



No refunds will be issued. In case of inclement weather all efforts to reschedule a make-up date before March 1st, 2006 will be made.

*Sessions will be filled on a first come first serve basis.*

**ITEMS TO BRING:** Players should come dressed for participation. It is recommended that you bring tennis shoes and water. All players must provide their own gloves and catchers. Catchers are included in the cost of the sessions.

For questions or to reserve a spot please contact Paula U'Ren at  
[pjuren@stcloudstate.edu](mailto:pjuren@stcloudstate.edu) or 320-308-2900

**Additional information can be found at:**

<http://www.stcloudstate.edu/athletics/sports/softball/default.asp>



# Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Primary Contact: \_\_\_\_\_

Skill Level:      Beginner                      Advanced

Emergency Contact Information:

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Session: ONE: ALL                                      TWO: ALL

If attending individual sessions please check which dates:

OCT. 15<sup>TH</sup> \_\_\_\_\_ NOV. 5<sup>TH</sup> \_\_\_\_\_ JAN. 21<sup>ST</sup> \_\_\_\_\_ FEB. 4<sup>TH</sup> \_\_\_\_\_  
          22<sup>ND</sup> \_\_\_\_\_          12<sup>TH</sup> \_\_\_\_\_          28<sup>TH</sup> \_\_\_\_\_          11<sup>TH</sup> \_\_\_\_\_  
          29<sup>TH</sup> \_\_\_\_\_

**\*Make Checks payable to Paula U'Ren\***

Mail Registration form and money to: St. Cloud State University  
Attn: Paula U'Ren  
Halenbeck Hall 322  
720 Fourth Ave South  
St. Cloud, MN 56301-4498

**WAIVER AND RELEASE:** I do hereby waive, and discharge St. Cloud State University Softball Program, St. Cloud State Campus Recreation, and the respective staff, employees, of and from any and all rights and claims for damages resulting from injury to my person or property, which may be sustained or suffered by me in connection with my camp with or participations in or arising out of my traveling to the softball camp. We the parents or guardians, agree to the above waiver and release and we join therein.

\_\_\_\_\_  
(Mother's Signature / Father's Signature / Guardian's Signature)

For office use only

Paid: Amount \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

