



GIRLS SOFTBALL CLINIC

Ages 6 to 12
(Age as of October 15, 2011)
Mondays, 4-6pm

JULY 11, 18, 25 & August 1st
Edwards Field

FEE: \$26 Residents \$35 Non Residents (Includes a tee-shirt)

Instructed by Bowdoin College Head Softball Coach Ryan Sullivan.

The clinics will meet Monday evenings from 4-6pm at Edwards Field and is open to girls ages 6 to 12, as of October 15, 2011. Registration fee is \$26 Residents / \$35 Non residents.



These clinics are designed to be both instructional and fun. The girls will be shown and taught the proper mechanics of *Hitting, Fielding, Throwing and Base Running*. The use of **fun, exciting drills** will be used to guide each player to success in improving their game! The clinics will end with a **game** situation (dependent on number of participants).



ABOUT OUR DIRECTOR: Coach Sullivan has just finished his eighth season as head coach of the Bowdoin softball team. Sullivan has quickly become the winningest coach in the history of the Polar Bear softball program and guided them to unprecedented heights in 2010, as Bowdoin reached the NESCAC title game, earned their first-ever NCAA Tournament appearance and won a school-record 34 games. Since taking the helm in 2004, Sullivan's teams have twice broken the school record for victories in a season. In all, Coach Sullivan's teams have claimed 208 wins during his tenure.

For a copy of our refund policy, please visit our office at 30 Federal Street or our website at www.brunswickme.org

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656.

Detach & return with fee to the Brunswick Recreation Center, 30 Federal St., by **July 7**. Office hours Mon-Fri 8 am- 4:30 pm
BRUNSWICK PARKS & RECREATION DEPT. GIRLS SOFTBALL CLINICS – SUMMER 2011

FEE: \$26resident \$35 Non Residents

(Please Print)

Name _____ Date of Birth _____ Age as of Oct. 15th, 2011 _____

Street Address _____ Town _____ Zip _____

Town of Residence _____ School _____

Grade, fall 2011 _____ Home Phone _____ Work Phone _____

Cell _____ Pager _____ Email _____

EMERGENCY Contact, other than parent: _____ Relationship _____

Day Phone _____ Cell _____

*ALLERGIES/PHYSICAL OR EMOTIONAL LIMITATIONS _____

*WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?

YES NO

I give permission for my, above-named, child to participate in the Girls' Softball Clinic.

Signature of Parent/Guardian _____

Parent/Guardian(s) Name Please Print _____

For Office Use
Date _____
Amt\$ _____
Rec.# _____
Computer

