There is a limit on the number of players in this camp. <u>Sign Up Now!</u> Any Questions: call 570 – 955 – 0471 or visit www.electriccitybaseball.com

### ABOUT THE CAMP

- → Boys and girls, ages 4 through 8, will receive instruction (both group and individual) which will cover all aspects of the game which include: proper throwing mechanics, fielding, hitting, base-running, team play and drill sequences.
- → Each camper must bring a hat, glove and sneakers/turf shoes. A personal baseball bat is recommended but not required.
- → The total cost of the camp is only \$100
- → You will be notified by email once your application has been received and processed.

There are no refunds. For more informationconcerning our refund policy, please visit www.electriccitybaseball.com.

*Checks are made payable to*: ECBSA *Mailto:* ECBSA, 501 Wyoming Ave., Scranton, PA 18509. Deadline for camp applications is <u>March 4, 2017</u>



ECBSA, LLC 501 Wyoming Ave. Scranton, PA 18509 U.S.A.







## LITTLE SLUGGERS BASEBALL CAMP FOR AGES 4-8

The Little Sluggers Baseball Camp will include Electric City Baseball & Softball Academy's Baseball Instructors on staff. They include:

## **Billy Carter**

- Hitting, Infield and Catching
- 30+ years of coaching at the high school and college levels

# **Dean Pettinato**

- o Outfield and Base-running
- Standout player as a switch hitter at Lock Haven (NCAA II)
- Coach in the East Coast Sandhogs Travel Baseball Organization
- Assistant Coach at Abington Heights HS

# **Tyler Buckley**

- o Pitching
- Standout pitcher at Lackawanna College and Virginia Commonwealth University (VCU)
- Pitching instructor at ECBSA

.....AND MORE!

**Preparation Leads to Success.** 

#### Electric City Baseball & Softball Academy 501 Wyoming Avenue Scranton, PA 18509 Phone: 570-955-0471 Fax: 570-955-0768

Book your try-outs or practices now at the Electric City Baseball & Softball Academy's facility! Check our website for private lesson and camp information.

### **Our New Facility Includes**

- Fully turfed 7,000 square foot practice area
- Six batting cages (cages can be retracted for defensive work)
- ATEC armed pitching machines (throws baseballs up to 90mph)
- Portable baseball & softball mounds
- Pro Shop (with baseball equipment & apparel)
- Parents waiting area
- Film Area
- Players Lounge

## Individual Cage Rentals

- Half Hour Session \$15
- ✤ Full Hour Session \$25
- Full facility or team pricing: please call for quote

### **Top Notch Staff of Instructors**

- All instructors have college and/or professional coaching experience
- Please see our web-site for updated biographies
- Packages available for multiple lessons and workouts

www.electriccitybaseball.com

ECBSA – Little Sluggers Ba	seball CAMP APPLICA	ECBSA – Little Sluggers Baseball CAMP APPLICATION – Return with payment by 3/4/17	/4/17
Vame:	Phone:	Age:	
Address:		City, State, Zip:	
3ats: L /R /S Throws: L / R Primary Fielding Position: .	nary Fielding Position: _	Secondary:	Total Price: 🗆 \$100.00
Imergency Contact Person:		Phone:	1
nsurance Company:		Policy Number:	
do hereby voluntarily consent to examinat omponents deemed necessary in the judgmen ead and fully understand the consent given ue Electric City Baseball, LLC. The unde	xamination and emergency service treatment, includ e judgment of the physician(s) and whoever may be a ent given berein. I also certify that no guarantee or a. The undersigned intends to be legally bound hereby.	do hereby voluntarily consent to examination and emergency service treatment, including the administration of such drugs, infusion and/or transfusion of blood upponents deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby hospital. I certify that ad and fully understand the consent given berein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I also agre te Electric City Baseball, LLC. The undersigned intends to be legally bound hereby.	do hereby voluntarily consent to examination and emergency service treatment, including the administration of such drugs, infusion and/or transfusion of blood omponents deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby hospital. I certify that I have ead and fully understand the consent ginen berein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I also agree not to ue Electric City Baseball, LLC. The undersigned intends to be legally bound hereby.
Disabilities or Limitations	Authorized Signature	aature Date	Relationship
(our email address (required for confirmation): _	confirmation):		