There is a limited amount of campers per session! Sign Up Now! 1st Come, 1st Serve! Any questions, call: 570 - 955 - 0471 or email: info@electriccitybaseball.com

### ABOUT THE HITTING LEAGUE

- Campers, ages 6 through 18, will receive instruction (both group and individual) which will cover all aspects of hitting and offensive play. This league is designed for players to gain quality instructions and repetitions in a highly organized, competitive and fun setting.
- → At the camp's last day of each session, we will have guest speaker/instructor from different areas of professional baseball. most notably professional baseball scouts.
- A written analysis of the hitter's strengths and weaknesses is given to each camper at the conclusion of the last session.
- → Each camper must bring a hat, batting gloves, sneakers/turf shoes. A personal baseball bat is suggested but not required.
- → Cost of the Camp is \$100 per camper.
- → You will be notified by email once your application has been received and processed. There are no refunds. For more information concerning our refund policy, please visit our web-site at www.electriccitybaseball.com.

Checks are made payable to: ECBSA, LLC

Mail to: ECBSA, LLC 501 Wyoming Avenue, Scranton, PA 18509 Deadline for camp applications is:

> Session One: January 6, 2017 Session One: February 3, 2017

### PERSONALIZED HITTING DVD

A personalized video which details specific areas of improvement for the camper can be purchased for an additional fee of \$45.00. This video will serve as an excellent training tool for future development as a hitter.

STAMP

Electric City Baseball & Softball Academy

501 Wyoming Avenue Scranton, PA 18509

**Electric City Baseball** & Softball Academy 7<sup>TH</sup> ANNUAL

> WINTER HITTING **LEAGUE**

**Session One:** January 8, 15, 22 & 29, 2-4pm **Session Two:** February 5, 12, 19 & 26, 2-4pm



501 Wyoming Avenue (Above Battaglia's) Scranton, PA 18509 570 - 955 - 0471

www.electriccitybaseball.com

Improve your swing and get ready for the season with a great instruction and a lot of repetitions!

### **Camp Director: Billy Carter**

Head Baseball Instructor, Electric City Baseball & Softball Academy, LLC

On the camp's last day of each session, we will have guest speaker/instructor from different areas of professional baseball, most notably professional baseball scouts.

## Scouts/Coaches in years past have included:

- Chris Calciano, Boston Red Sox
- John DiCarlo, San Francisco Giants
- Matt Hyde, New York Yankees
- Greg Legg, Philadelphia Phillies
- Sean Moran, St. Louis Cardinals
- Del Mintz, Phiadelphia Phillies

The format of the hitting league is two hour session where players are instructed by our coaches in different settings. For the first part of the workout, players will receive detailed instruction during individual or small group drills. In the second part of the session, players will compete in teams through various competitive games. Standings and statistics will be kept on a weekly basis. At the conclusion of four weeks, a winning player in each age division will be awarded a prize. Please note that hitters are grouped by age and skill level.

www.electriccitybaseball.com

# 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 new facility! Check our website for private lesson and camp information.

#### **Our Facility Includes**

- Fully turfed 7,000 square foot practice area
- Batting cages (cages can be retracted for defensive work)
- Soft Toss & tee drill area
- ATEC armed pitching machines (throws baseballs up to 90mph)
- Portable baseball & softball mounds
- Pro Shop (with baseball equipment & apparel)
- Lounge area
- Film area

### **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

**Preparation Leads to Success.** 

Address:	Address:    Circle: Male or Female Date of Birth:	Name:	Phone:	Primary Defensive Position:	Secondary:
Age: Circle: Male or Female Date of Birth:/ Bats: L / R / S Throws: L / R  Session One (January) = Session Two (February) Camp Fee: = \$100 = DVD (if applicable) \$45 Total: \$  Emergency Contact Person: Policy Number: Phone: Policy Number: Policy Number: Bats: L.C. The independ of service treatment, including the administration of such drugs, infusion and or transfusion of blood components deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby boxpital. I certify that no guarantee or assurance bas been made as to the results that may be obtained. I also agree not to see ECBSA, L.L.C. The undersigned intends to be legally bound hereby	Age: Circle: Male or Female Date of Birth://	Address:	City, State, Zip:		
Emergency Contact Person:    Emergency Contact Person:   Phone:   Policy Number:   Pol	Emergency Contact Person:    Phone:	Age: Gircle: Male or Fem	nale Date of Birth://	Bats: L / R / S Throws: L /	R
Emergency Contact Person:  Insurance Company:  Insurance Company:  Indo bereby voluntarity consent to examination and emergency service treatment, including the administration of such drugs, infusion and/or transfusion of blood components deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby bospital. I certify that to guarantee or assurance has been made as to the results that may be obtained. I also agree not to sue ECBSA, LLC. The undersigned intends to be legally bound hereby.    Authorized Signature   Date   Date	Emergency Contact Person:  Insurance Company:  I do bereby voluntarity consent to examination and emergency service treatment, including the administration of such drugs, infusion and/or transfusion of be components 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 no guarantee or assurance has been made as to the results that may be obtained also agree not to sue ECBSA, LLC. The undersigned intends to be legally bound bereby.  Disabilities or Limitations  Relationship	$\square$ Session One (January) $\square$ Session $\top$	[wo (February) Camp Fee: □ \$100	$\square$ DVD (if applicable) \$45 $\mathbf{T}\mathbf{G}$	otal: \$
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