

Limited spots available!  
Sign Up Now! 1<sup>st</sup> Come, 1<sup>st</sup> Served  
December 26, 27, 28, 29, 2019

1:00pm – 3:30pm

Any questions, call: 570 – 955 – 0471 or  
email: info@electriccitybaseball.com

### ABOUT THE CAMP

- Campers, ages 6 through 16, will receive instruction (both group and individual) which will cover hitting and all aspects of defense: infield, outfield and catching. This camp is designed for position players to gain quality instructions and repetitions once per week. Many other areas of the game will be addressed such as base-running, team play and the mental game.
- Each camper will receive a detailed written analysis of performance and ability including strengths and weaknesses at the conclusion of camp.
- Each camper must bring a hat, glove and sneakers/turf shoes. A personal baseball bat is suggested but not required.
- Cost of the Camp is \$99 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

Mailto: Electric City Baseball,  
501 Wyoming Avenue, Scranton, PA 18509  
Deadline for camp applications is

December 25, 2019

### PERSONALIZED HITTING VIDEO

A personalized DVD 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

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

## Electric City Baseball & Softball Academy

### Christmas Boot Camp



Four Consecutive Days

December 27, 28, 29, 30, 2019

1:00pm – 3:30pm



www.electriccitybaseball.com  
501 Wyoming Avenue  
Scranton, PA 18509  
570-955-0471

**Camp Director: Billy Carter**  
*Baseball Instructor*  
**Electric City Baseball  
 & Softball Academy**

The Christmas Boot Camp will have some the area's best baseball coaches and former college players on staff.

**Sample Daily Camp Schedule**

**Day One**

- 1:00pm Roll & Introduction
- 1:05pm Stretching & Warm-up
- 1:15pm Throwing Program
- 1:30pm Brief Talk – DailyTopic
- 1:45pm Hitting Stations
- 2:40pm Defensive Stations
- 3:20pm Competitive Games/Skill work
- 3:25pm Wrap-up, Review& Dismissal

[www.electriccitybaseball.com](http://www.electriccitybaseball.com)



**Established 2009**

*Preparation Leads  
 to Success.*

*Get ready for the season with a solid  
 four days of instruction and training!*

**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)
- ❖ Soft Toss & tee drill area
- ❖ Brand-new, custom ATEC armed pitching machines (throws real baseballs up to 90mph)
- ❖ Portable baseball & softball mounds
- ❖ Pro Shop (with baseball equipment & apparel)
- ❖ Parents waiting area
- ❖ Players Lounge
- ❖ Film Room

**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

**Travel Teams**

- ❖ Travel teams for both baseball and softball players

**Electric City Baseball Christmas Boot Camp Application— Return with payment by 12/25/19**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Primary Defensive Position: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bats: L / R / S Throws: L / R Personalized DVD: Yes / No  
 Camp Fee:  \$99  DVD (if applicable) \$45 **Total: \$** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

*I do hereby voluntarily 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 hospital. I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I also agree not to sue ECBSA, I.L.C. The undersigned intends to be legally bound hereby.*

Disabilities or Limitations \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Your email address (required for confirmation): \_\_\_\_\_