Sign up now! This is a great opportunity to gain top-notch instruction, quality repetitions and compete in games!

THESE CAMPS ARE RUN SEPARATELY AT THE SAME TIME ABOUT THE CAMP

- \rightarrow Campers, ages 6 through 13, will receive instruction (both group and individual) which will cover all aspects of the game including: throwing mechanics, fielding, pitching, hitting, base-running, team play, drill sequences and the mental game.
- \rightarrow Each camper will receive a written analysis of performance and ability including strengths and weaknesses.
- \rightarrow Each camper must bring a hat, glove and sneakers/turf shoes. A personal base/softball bat is recommended but not required.
- \rightarrow There is no lunch or snack break. Be sure to eat a quality breakfast before arrival. There will be water/bathroom breaks. Water/Gatorade will be provided.

The total cost of the camp is \$199.00

 \rightarrow Rain date for the camp will be August 12, 2023. 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 www.electriccitybaseball.com.

> Checks are made payable to: ECBSA, LLC Mail to:

Electric City Baseball, 501 Wyoming Avenue Scranton, PA 18509.

WHAT CAMPERS & PARENTS SAY

"All three of my sons love attending ECBSA's camps. They have become more knowledgeable, competitive and passionate for the game."

-Robert Donovan, Parent

"All of the camps that Electric City Baseball are very informative, instructional, thorough and fun. My son will be at almost everything they do."

-Joe Mascaro, Parent

"I really enjoyed myself. They prepared me for the upcoming all – star tournaments this summer."

-Rich Majorino, Player

STAMP

18509 Scranton, PA

501 Wyoming Avenue Phone: 570-955-0471

ECBSA, LLC

ELECTRIC CITY

BASEBALL & SOFTBALL ACADEMY

PRESENTS THE

SUMMER SLAM BASEBALL & SOFTBALL CAMP

For Ages 6-13





AUGUST 7, 8, 9, 10 & 11 9:00AM-12:30PM

AT STROUDSBURG L.L.

98 SERFASS LANE STROUDSBURG, PA WWW.ELECTRICCITYBASEBALL.COM

FIVE DAY CAMP!

The Summer Slam Baseball & Softball Camp will have some the area's best baseball coaches and former college players on staff.

Sample Da	ily Camp Schedule
• 9:00am	Roll & Introduction
• 9:05am	Stretching & Warm-up
• 9:15am	Throwing Program
• 9:30am	Brief Talk - Daily Topic
• 9:45am	Hitting Stations
• 11:00am	Break
• 11:05am	Defensive Stations
• 11:50am	Competitive Games
• 12:25nm	Wran-up & Review



Preparation Leads to Success.

Get ready for the fall season with a solid off-season of instruction and training!

For the latest up-to-date news and information, visit our web-site at:

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

Our Facility Includes

- Fully turfed 6,000 square foot practice area
- Six batting cages (cages can be retracted for defensive work)
- Soft Toss & tee drill area
- ATEC armed pitching machines (throws real baseballs up to 90mph)
- Softball pitching machines
- Portable baseball & softball mounds
- Pro Shop (with baseball equipment & apparel)
- Parents waiting area
- Film Room
- Players Lounge

Individual Cage Rentals

- ❖ Half Hour Session
- ❖ Full Hour Session
- 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

Summer Slam BASEBALL & SOFTBALL CAMP AF	PPLICATION – R	& SOFTBALL CAMP APPLICATION – Return with payment by 8/6/23	8/6/23
I AM REGISTERING FOR BASEBALL CAMP	LL CAMP	□ SOFTBALL CAMP	ИР
Name:Phone:	ie:	D.O.B	/Age:
Address:		City, State, Zip:	
Bats: L /R /S Throws: L / R Primary Fielding Position:	g Position:	Secondary:	
Emergency Contact Person:	4	Phone:	
Insurance Company:	1	Policy Number:	
I do bereby 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 bospital. I certify that I have read 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 agree not to sue Electric City Baseball, LLC. The undersigned intends to be legally bound hereby.	ncy service treatmem an(s) and whoever n ertify that no guara ads to be legally bou	, including the administration of nay be delegated as assistants of the or assurance has been made nd bereby.	such drugs, infusion and/or transfusion of blood the medical staff or nearby bospital. I certify that I have as to the results that may be obtained. I also agree not
Disabilities or Limitations Aut	Authorized Signature	ure Date	e Relationship
Your email address (required for confirmation):	1):		