

KENT STATE UNIVERSITY

2010 FASTPITCH SOFTBALL COACHING CLINIC

- Clinicians:** Kent State University Head Coach Karen Linder
Assistant Coaches Kim Burke and Amy Densevich
- For:** Coaches and/or parents who want to learn how to teach fastpitch softball fundamental skills. Focus will be on how to properly execute skills, drills, and strategies that can be utilized in practice and games at any level.
- Time:** February 6, 2010
9:00am-12:30pm- Coaches Clinic
1:00pm-4:00pm- KSU Team Practice, coaches are invited to stay and watch practice
- Location:** Kent State University Field House located next to Dix Stadium on Summit Street in Kent, Ohio
- Cost:** \$40/per person
\$30/per person (with 2 or more coaches from the same organization)
- Bring:** You may want to bring a lawn chair, as seating in the field house is limited.

CLINIC PROGRAM

	<u>Session 1</u>	<u>Session 2</u>	<u>Session 3</u>
9:00am-9:45am	Catching Fundamentals and Drills	Throwing and Fielding Fundamentals	
10:00am-10:45am	Basic Pitching Fundamentals	Defensive Drills and Team Strategies	
11:00am- 12:00pm	Hitting Fundamentals and Drills		
12:00pm-12:30pm	Baserunning	Pitching Drill and Workouts	Bunting

For information concerning registration, please call the Field House at 330-672-2421. For additional information on camp, please contact the Kent State Softball Office at 330-672-8431. Camp Information is available at www.kentstatecamps.com, and choose "softball".

KENT STATE FASTPITCH COACHES CLINIC REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

TEAM NAME _____

Check if team is: Youth league _____ Ages _____ HS Varsity _____ HS JV _____ Travel Ball _____ Age Group _____

Number of coaches _____ Names of additional coaches _____

****Please include addresses on the back of this registration form.**

To pay by check: Please make checks payable to Kent State Softball

To pay by credit card please circle: Visa MC Discover Credit card number _____

Name on card _____ Expiration date _____ Total _____

Signature _____

RETURN REGISTRATION FORM AND PAYMENT TO KENT STATE ATHLETICS/SOFTBALL CLINIC,