

DEFIANCE COLLEGE

SOFTBALL



www.DefianceAthletics.com

701 N. Clinton Street - Defiance, Ohio 43512 - Phone (419) 783-2379 - Fax (419) 783-2369

Date: Sunday September 23, 2018

Time: Noon to 3:30 pm

Price: \$70 (Pre-registration by Sept. 12th) \$85 (Walk-up or after registration date)

Online Registration available at www.dsoftballcamps.com

Location: Sal Hench Softball Field - located next to Justin F. Coressel Stadium

Description: The Defiance College Softball Fall Prospect Camp is open to players who will be graduating from high school in 2019, 2020, 2021 and have the desire to play college softball. The camp is designed to allow players to develop their skills with the help of the DC coaching staff and players. This camp will be run similar to one of our practices and campers will be instructed in all aspects of the game including hitting, fielding, pitching, and base running.

All prospects pre-registered will receive a performance t-shirt.

*In case of inclement weather, the camp will be moved indoors to the George M. Smart Fieldhouse. Please have tennis shoes.

ON THE RISE

2017-2018 Season Highlights (past 2 seasons)

58-30 overall
20-11 in HCAC play
2 All - Region Selections
Four 1st Team All- HCAC Selections
Three 2nd Team All- HCAC Selections
HCAC Freshman of the Year
HCAC Coach of the Year
32 NFCA Academic All- Americans
21 Academic All- HCAC Selections

Need more information????

Head Coach Jodie Holava at jholava@defiance.edu
Assistant Coach Kaycee Butt at kbutt@defiance.edu
www.dsoftballcamps.com

Prospect Camp Registration Form

Player's Name _____

High School _____ Grad Year _____ Age _____

Position(s) 1. _____ 2. _____ Throws _____ Bats _____ Phone _____

Email _____ Parents' Names _____

Address _____ City _____ State _____ Zip _____

T-Shirt Size (Adult Sizes) S _____ M _____ L _____ XL _____

Agreement and Release of Liability

I and my heirs release Defiance College and all its employees, officers, and agents from liability for damages to or loss of any personal property, sickness and injury from whatever source, legal entanglement, imprisonment, death, loss of money, etc. for which the college is not liable which might occur participating in the camp. I authorize Defiance College to provide the necessary medical care if needed.

Parent/Guardian Signature _____

Enclosed is my check made payable to **Defiance College Softball** for \$ _____

Please return to:

Kaycee Butt, Softball Camp
Defiance College
701 North Clinton St.
Defiance, OH, 43512

