

DEFIANCE COLLEGE

SOFTBALL



www.DefianceAthletics.com

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

Date: Sunday, February 18, 2018

Time: Noon to 3:30 pm

Price: \$60 (Pre-registration by Feb. 9) \$75 (Walk-up or after registration date)

Online Registration available at www.dsoftballcamps.com

Location: George M. Smart Fitness Center - field house located on DC campus

Description: The Defiance College Softball Prospect Camp is open to players who will be graduating from high school in 2018, 2019, or 2020 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 baserunning. All prospects pre-registered will receive a performance t-shirt.

Tentative Camp Schedule

11:30 - 12:00 Registration
12:00 - 12:15 Introductions/Warm-up
12:15 - 1:15 Defensive Instruction
1:15 - 2:15 Offensive Instruction
2:15 - 3:30 Live Competition

Program Highlights:

2007 HCAC Regular Season Champions
2004 2005 2008 2009 HCAC Tournament Champions
2004 2005 2008 2009 NCAA Regional Qualifiers

Need more information????

Head Coach Jodie Holava at jholava@defiance.edu
Interim Co-Head 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 Camps
Defiance College
701 North Clinton St.
Defiance, OH, 43512

