

PITCHING

6 WEEK DEVELOPMENT

PROGRAM - 2010

We are offering a 6 Week Development Program that is designed to enhance a pitcher's long term progress. The program will incorporate instruction of the most advanced pitching techniques, innovative drills, strength and flexibility condition and weekly throwing to provide pitchers the rare opportunity for consistent, progressive development leading up to their first day of practice. Don't wait for the season to begin, start working NOW!!!

The program is limited to 3 players per session

Dates: (choose session(s) below)

Ages (8-10)

Session 1 Mon. 7-8pm Jan.11,18,25 Feb.1,8,15
Session 2 Tues. 7-8pm Jan.12,19,26 Feb.2,9,16
Session 3 Wed. 7-8pm Jan.13,20,27 Feb.3,10,17
Session 4 Thur. 7-8pm Jan.14,21,28 Feb.4,11,18
Session 5 Sat.10-11am Jan.16,23,30 Feb.6,13,20
Session 6 Sun. 1-2pm Jan.17,24,31 Feb.7,14,21

Ages(11-13)

Session 15 Mon.8-9pm Jan.11,18,25 Feb.1,8,15
Session 16 Tues. 7-8pm Jan.12,19,26 Feb.2,9,16
Session 17 Wed. 8-9pm Jan.13,20,27 Feb.3,10,17
Session 18 Thur. 6-7pm Jan.14,21,28 Feb.4,11,18
Session 19 Sun. 3-4pm Jan.17,24,31 Feb.7,14,21

Session 7 Mon. 7-8pm Mar.1,8,22,29 Apr.5,12
Session 8 Tues. 6-7pm Mar.2,9,23,30 Apr.6,13
Session 9 Tues. 7-8pm Mar.2,9,23,30 Apr.6,13
Session 10 Wed. 7-8pm Mar.3,10,24,31 Apr.7,14
Session 11 Thur. 7-8pm Mar.4,11,25 Apr.1,8,15
Session 12 Sat.10-11am Mar.6,27 Apr.3,10,17,24
Session 13 Sun. 1-2pm Mar.7,21,28 Apr.4,18,25
Session 14 Sun. 2-3pm Mar.7,21,28 Apr.4,18,25

Session 20 Tues. 7-8pm Mar.2,9,23,30 Apr.6,13
Session 21 Tues. 8-9pm Mar.2,9,23,30 Apr.6,13
Session 22 Wed. 8-9pm Mar.3,10,24,31 Apr.7,14
Session 23 Thurs.6-7pm Mar.4,11,25 Apr.1,8,15
Session 24 Sat. 11-12pm Mar.6,27 Apr.3,10,17,24
Session 25 Sun. 3-4pm Mar.7,21,28 Apr.4,18,25

***Week of Springbreak – No Class for the Week**

Development Cost Per Week Program

\$180.00 per player (3 players/Session)

Circle Session Desired:

Pitching Development

Session: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Failure to attend a clinic instruction results in a loss of the session. Clinic sessions are not subject to rescheduling.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents Name: _____ Wk. Phone: _____ Home: _____ Cell: _____

Email Address: _____

Credit Card #: _____ Exp. Date _____

Card Type: Visa _____ MasterCard _____ Discover _____ Am Express _____

RESERVATION AND PAYMENT REQUIRED

GRAND SLAM U.S.A.

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