

2012 Spring Softball Pitching Clinic

Greetings:

With the unseasonable weather we're experiencing, many of you no doubt would love to get outdoors and start throwing the ball around.

With that in mind, we have our plans in place for this years' pitching clinic.

The dates are – May 4-5-6 and May 11-12-13.

Fortunately, we still have Doug Neil as our head instructor. He is recognized as one of the best in the business and has been with us since Day One – 20-plus years.

Also, our registration fees are very reasonable and remain unchanged.

We don't advertise our clinic. It's done through word of mouth. We send this information to those who have attended the clinic the past few years.

If for whatever reason you will not be attending, we'd appreciate you passing this information on to a friend or teammate who may be interested.

If there are any questions, I can be reached by phone or email which are listed below.

The first weekend of the clinic , May 4-5-6 - will be at the Grand River Arena with the second, May 11-12-13, at the Kitchener Auditorium Complex.

Looking forward to seeing you at the clinic.

Regards,

Ray Alviano

email – ray.alviano@gmail.com

Phone – 519 – 893-4684

2012 Spring Softball Pitching Clinic

May 4-5-6 -- Grand River Arena

Mau 11-12-13 – Kitchener Auditorium Complex

BEGINNERS – Up to 3-years Experience

Friday May 4.....6 pm to 7:30 p.m.
Saturday May 5.....9 am to 10:30 am
Friday May 11.....6 pm to 7:30 pm
Saturday May 12.....9 am. to 10:30 pm

INTERMEDIATE – 3 to 5 Years Experience

Friday May 4.....7:30 pm to 9 pm
Saturday May 5.....10:30 am to 12 noon
Sunday May 6.....9 am to 10:30 am
Friday May 11.....7:30 pm to 9 pm
Sunday May 13.....9 am to 10:30 am

ADVANCED – 5 Years Plus Experience

Friday May 4.....9 pm to 10:30 pm
Sunday May 6.....10:30 am to 12 noon
Friday May 11.....9 pm to 10:30 pm
Saturday May 12.....10:30 am to 12 noon
Sunday May 13.....10:30 to 12 noon

REGISTRATION FEES

Beginners - \$80

Intermediates - \$90

Advanced - \$90

-----keep above information-----

APPLICATION FORM

Name..... Address.....

City.....Postal Code.....

Phone.....Email.....Age.....

Registering For --- BEGINNERS.....INTERMEDIATE.....ADVANCED.....

Make cheque Payable to-
Mail to-

Spring Softball Clinic
Ray Alviano
39 Dalewood Dr.
Kitchener Ont. N2A 1G3

Note: Late cancellation will result in retaining a portion of registration fee