



# 2010 COLLEGE BASEBALL CLINIC

## 3 HOURS OF INSTRUCTION WITH COLLEGE COACHES

Ever wondered what to expect from a college baseball workout?

This 3 hour clinic is a must for any high school baseball player. The clinics will be held by representatives of the coaching staff of two of the finest college in the area. The clinic will cover hitting, fielding, base running, and other fundamentals of the game.

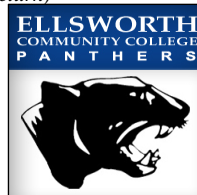
Coaches will go through the same drills they use in their own program. Coaches will also speak on what they expect of players entering their program. Coaches will address the mental aspects of the game and what it will take to succeed at the college level. All Clinics will be held at the Strike Zone.

### OPEN ONLY TO THE FIRST 25 PLAYERS - REGISTER NOW

*(Detach Here and Return)*



University of  
Nebraska at Omaha  
Saturday January 9, 2010  
3:00-6:00 PM



Ellsworth  
Community College  
Saturday January 23, 2010  
3:00-6:00 PM

*Clinics are limited to High School Players. Players will be grouped by ages.*

*Individual registration form required for each player.*

**MEMBER SPECIAL PRICE - \$40 each Signup for both only \$60.00**

**NON-MEMBER PRICE - \$50 each or both for \$80.00**



Include a copy of Jim Meier's book  
Championship Thinking: Building Mental Muscle in Baseball  
for \$18 (Regularly \$20)  
This book is a guide to developing mental strength and toughness.  
It is a must for any high school or collegiate baseball player.

**PAYMENT METHOD**

Cash Check Visa MC Disc AMEX

Card No \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 digit V-Code \_\_\_\_\_

Signature \_\_\_\_\_



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Positions (Check Two):  Pitcher  Catcher  Infield  Outfield

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ High School: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

**PARENT/GUARDIAN RELEASE STATEMENT:** We (I) hereby give our (my) permission to The Strike Zone College Clinics to provide medical attention to our (my) son/daughter \_\_\_\_\_ in the event of injury or illness. We (I) hereby release The Strike Zone College Clinics and all its employees from all claims (present or future) resulting from any injuries which may be sustained by our (my) son/daughter while attending The Strike Zone College Clinics.

(Parent/Guardian Sign Here): \_\_\_\_\_

Make checks payable to "The Strike Zone" and mail or return to STRIKE ZONE COLLEGE CLINICS,  
2900 SOUTH 110 STREET, OMAHA NE 68144 or Fax to 402-399-2019