



Walled Lake Northern

Girls Softball Clinic

WHEN: Saturday, March 14th (9:30 a.m. – 12:00 p.m.)
TIME: 9-9:30 a.m. Registration
 9:30 a.m. Clinic begins/12:00 p.m. Clinic ends
WHERE: Walled Lake Northern High School Gym
AGES: 5-14 years old (K-8th)
COST: \$50 per player; includes t-shirt and clinic session
 \$40 early registration DEADLINE Friday, March 6th - **ONLINE ONLY**
 (Sibling rates exist-please inquire via email)



IMPROVE YOUR SKILLS and GET READY FOR THE SEASON!!

- Throwing**
- Hitting**
- Fielding**
- Base running**
- Pitching**
- Catching**

WHAT TO BRING:

Wear tennis shoes and gym clothing, bring your glove, bat and helmet (if you have one) and catching gear (if appropriate)

SKILLS COVERED:

Throwing, hitting, fielding, base running, pitching, catching and position work and more!

YOU NEED TO KNOW.....

Spring is almost here and it's time to sharpen your skills and get ready for the softball season! Each year our clinic continues to get bigger and better.... players will have a great time and learn techniques and drills to improve their fundamentals. The clinic staff consists of our Varsity, JV and Freshmen coaching staff, former college players, the WLN Varsity team and local travel ball coaches and instructors. Come learn from some of the BEST and have FUN!

All proceeds from the clinic will benefit the WL Northern Softball Program
Walk-ins accepted but pre-registration preferred!!!

Please direct any questions to:
Kristen Woodard, Varsity Softball Coach 248-956-5486 OR kristenwoodard@wlcsl.org

(REGISTER ONLINE or Please return bottom portion with payment)

WL Northern Girls Softball Clinic Registration

Mail to: Kristen Woodard, Softball Coach, Walled Lake Northern HS
6000 Bogie Lake Rd., Commerce, MI 48382

Checks payable to

Walled Lake Northern Softball

Fee paid: \$ _____ CIRCLE T-SHIRT SIZE: YM YL AS AM AL AXL
Check # _____

Player Name: _____ Age _____ Grade _____ School _____
Parent or Guardian _____
Email Address _____
Phone #: _____ Work/Emergency # _____

Emergency & Medical Information:

Please list health issues we need to be informed of _____
Name of emergency contact (not parents) _____ Phone # _____
Family Doctor _____ Phone _____
Hospital preferred for emergency treatment _____