

# CHAMPIONSHIP BASEBALL CAMP

**When:** Monday, June 28<sup>th</sup> through Thursday, July 1<sup>st</sup> 9:30 a.m. – 2:30 p.m.

**Location:** Detroit Catholic Central High School Baseball Fields  
27225 Wixom Road  
Novi, MI 48374

**Camp Focus:**

To provide instruction on proper techniques for hitting, fielding, outfield play, pitching, catching and base running in order to boost the skill and performance of our campers. The staff will also provide instruction for strength, speed enhancement, agility and balance training. An ample number of staff instructors will insure a low instructor to camper ratio for more personalized and quality instruction.

**Who:** Boys 4<sup>th</sup> – 8<sup>th</sup> Grade (including incoming 9<sup>th</sup> graders)

**Campers will each receive:**

Camp shirt  
Lunch is included daily

**Campers should bring:**

Glove, Bat  
Gym Shoes (or spikes) and comfortable workout attire

**Cost:** \$135  
Checks Made Payable to Catholic Central Baseball

**For More Information:**

Contact Kevin Walters  
248-596-3886  
[kwalters@catholiccentral.net](mailto:kwalters@catholiccentral.net)  
[www.catholiccentral.net](http://www.catholiccentral.net)

The Catholic Central High School baseball coaching staff and players will conduct this camp.

## Camp Registration

Please complete this form and mail to:

Kevin Walters  
Catholic Central High School  
27225 Wixom Road  
Novi, MI 48374

Registration must be received by Monday, June 21<sup>st</sup>.

Name \_\_\_\_\_

Age \_\_\_\_\_ Desired shirt size \_\_\_\_\_ (adult or youth—XL, L, M, S)

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact Phone Number During Camp \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\$135 Check Made Payable to Catholic Central High School Baseball

In the event of a medical emergency and all reasonable means have been made to contact the parents, I hereby give consent for necessary medical treatment to be provided for my son.

Parent signature \_\_\_\_\_ date \_\_\_\_\_