



**2018 Summer Baseball Clinics  
CHS Coach Phil Price  
Baseball Camp for Ages 7-14  
All camps will take place at Clarkston High School Fields**

**Baseball Camp for Beginner – Intermediate Level Players (YS18-F11A)** Ages 7-14

June 11th - 14th (June 15th make up rain date) 9:00am-1:00pm \$165

**Baseball Camp for High Level Players (YS18-F11B)** Ages 7-14

June 18th - 21th (June 22nd make up rain date) 9:00am-1:00pm \$165

**Camp Details:** This camp will focus on the fundamentals of the game including throwing, catching, fielding, baserunning and rules of the game. Players need to bring a bat, glove and helmet.

**Instructors:** Head Coach Phil Price and CHS coaches. CHS players will be assisting.

**Registration will open: Online- April 18th Walk in/Call in - April 23rd**

Checks should be made payable to Independence Township

**6 Ways to Register**

- **Walk-In** to 6483 Waldon Center Dr. Clarkston, MI 48346, lower level. The office is open Monday - Friday, from 8:00 am - 5:00 pm, closed for holidays.
- **Mail-In** to Independence Township, 6483 Waldon Center Dr. Clarkston, MI 48346. Download registration forms off the Independence Township website, [www.itprs.org](http://www.itprs.org).
- **Phone-In** to [248-623-4326](tel:248-623-4326) and [press 1](#) for a registration attendant.
- **Drop-In** your registration forms and payment in the after hours drop box located on the parking lot side of the Independence Township offices.
- **Fax-In** your registration forms and pay by credit card at [\(248\) 620-7454](tel:248-620-7454).
- **On-line Registration is available for most programs at [www.itprs.org](http://www.itprs.org).** To request a new user account, email Danielle at [dlwescott@clarkston.k12.mi.us](mailto:dlwescott@clarkston.k12.mi.us).

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Clarkston Community Education Youth Enrichment Registration Form

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent(Guardian) \_\_\_\_\_ E-mail address \_\_\_\_\_

Grade for Fall 2018 School Year \_\_\_\_\_

School \_\_\_\_\_ Baseball Position \_\_\_\_\_

Notes: (allergies, medications, etc) \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Circle method of Payment: Cash    Check (payable to Independence Township)    Visa    Mastercard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_