MIZZOU SOFTBALL PITCHING CAMP

You are invited to attend an instructional pitching clinic hosted by the University of Missouri, July 20-23, in the Dan Devine Pavilion on Missouri's campus. This clinic features nationally known Pitching Coach Doug Gillis who will be available all four days of camp. All ages are welcome to attend. Sign in begins 30 minutes prior to the start of the clinic. Anyone signing up after the clinic(s) have filled will be added to a waiting list.

The **Session I Clinic** is two hours in length, from 10:30-12:30 p.m., and is limited to the first 30 pitchers to sign up.

The **Session II Clinic** is a one hour session and is limited to five pitchers per hour. The first group of Session II will begin at 1:30 p.m. followed by 2:30, 3:30 and 4:30 p.m. start times. Pitchers must provide their own catcher as a major portion of the clinic will involve actual live pitching and filming. Youth catchers must bring their own equipment. Younger pitchers using a "youth" ball should bring it to the clinic.

COST: Session I Clinic, $140; Session 2 Clinic, $160
$280 for students who register for both Session I and Session II
For an additional $70, you can have your pitching analyzed and recorded on DVD by Gillis
(An MU booster may not pay for a prospect to attend any MU camp or clinic unless he/she is a parent, Legal guardian or immediate family member of the prospect.)

Doug Gillis Bio:
- Five Time member of Team USA
- Silver Medal 2003 Pan American Games
- Member of 2004 USA Team
- Gold Medal 2002 Pan American Championships
- Lead Pitching Instructor for the International Softball Congress
- Two-time ASA Major National Championships – 1987 & 1995
- Three Time First Team ASA Major All-American
- Gold Medalist at the 1998 National Team Festival

Sorry, No Walk Ups, EARLY REGISTRATION ONLY
Send Checks Only To:
Tiger Softball
Attn: Melissa Tucci
100 M.A.T.C
Columbia, MO 65211
You will receive email confirmation upon receipt of your registration.
Name: _____ Grade: _____Position(s):_____
Address: _____ School:_____
City: _____ St: _____ Zip:_____Phone:(___)_____
Email: _____
Please register me for the following:
Session I:_____ 2 hour Pitching Clinic
Session II:_____1 Hour Pitching Clinic – 1:30____2:30____3:30____4:30____ *(Please mark two as your preferred time slot may be full)*

Please **DO NOT MAIL** in your registration. Please **email** your information to Coach Tucci and send checks to the address above. Please bring your medical release form with you on the first day of camp. Thank you!