

# San Diego State University 2010 Fall Hitting Camp

**What:** Clinics for any and all players ages 8-18  
seeking to improve their hitting skills

**Dates:** Wednesday nights from Oct. 6 to Nov. 3

**Time:** 5:00 p.m. to 6:30 p.m.

**Where:** Tony Gwynn Stadium, SDSU  
Check-in at stadium begins at 4:45 p.m.

**Staff:** SDSU coaching staff and players

**Cost:** \$50 for each session

**Registration:** Fill out the form below and mail it or  
bring it to your first session

**Contacts:** For more information contact either:

Mark Viramontes

Phone: (619) 594-4186

mviramontes@mail.sdsu.edu

Benny Bonilla

Phone: (619) 594-6889

bbonilla@mail.sdsu.edu

**Parking:** Park in Structure 5 at the corner of 55th and Montezuma,  
and purchase a parking pass at \$1.00/hour at one of the yellow  
machines located in the structure.



## SAN DIEGO STATE 2010 HITTING CAMP REGISTRATION

\* **Make checks payable to: SDSU Baseball**

\* Phone: (619) 594-4186

\* Fax: (619) 594-1674

\* Website: goaztecs.com

Bring this form to the clinic  
or mail with payment to:

SDSU Baseball Camp

Attn: Mark Viramontes

Athletic Department

San Diego State University

San Diego, CA 92182

All students must provide proof of insurance coverage for any injury or sickness while attending. As a parent, by signing this form, you will authorize the SDSU Baseball Camp to act for you in any emergency, and waive and release the SDSU Baseball Camp from any and all liability for any and all injuries or illnesses sustained while in attendance, or while going to or coming from the school.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY # AND NAME: \_\_\_\_\_

AGE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ POSITION \_\_\_\_\_ LITTLE LEAGUE/SCHOOL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_