



**BASEBALL
PITCHING CLINIC
Championship Pitching Clinic 2010
DIAMOND STAR CAMPS**



- DATE:** Saturday, April 3, 2010
- LOCATION:** Plymouth Elementary School, Plymouth, NH
- TIME:** 9:00 am to 11:00 am **OR** 12:00 pm to 2:00 pm
[Circle Preference]
- COST:** \$40.00 per ballplayer. [NO REFUNDS] If you are involved in the Plymouth Babe Ruth Baseball League, the league will pay \$15.00 and the family will be responsible for the remaining \$25.00 of the fee. **Any player not enrolled in our leagues MUST PAY THE FULL \$40.00.**
- AGES:** 5 -18
- PROGRAM:** Fastball, movement, change-up, and control. Mechanics of pitching to include grip, wrist action, arm action, hip, follow through, shoulder bury, arm speed, leg and foot action, mechanics of full wind up.
- ENROLLMENT:** 20 pitchers per session.
- EQUIPMENT:** Glove, towel, pants, shorts and sneakers. [NO SPIKES]

CAMP DIRECTOR: Dr. John Bagonzi – Former AAA Pitcher, Boston Red Sox. 5 no-hitters at UNH. Winner of 117 games as an active pitcher. 9 no-hitters in career. In UNH Athletic Hall of Fame. Winner of over 700 games as coach. Coached Woodsville High School to 13 state championships. In New Hampshire Coaches Hall of Fame and in 1st class N.H.I.A.A. Athletic Hall of Fame. Coached professional pitchers Jim MacDonald, Houston Astros, Steve Blood, Minnesota Twins, Dennis Paronto, Atlanta Braves, and Todd Brill of the NY Yankees. Dr. Bagonzi received his Ph.D. from Indiana University and has written numerous articles on pitching. Championship pitching camps are in the 24th year. Dr. Bagonzi just recently wrote a book entitled; The Act of Pitching.*

*Will be available to purchase at the clinic for \$24.95.

APPLICATION

Please enroll my child. I understand that the *Championship Pitching Clinic or anyone associated with the clinic* will not accept any responsibility for accidents or injuries incurred at the clinic.

CHILD'S NAME: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ **CURRENT AGE:** _____

HOME TELEPHONE: _____

CHILD'S MEDICAL INSURANCE PLAN: _____

My child is in good health and has my permission to participate.

Parent/Guardian Signature

Date

Please mail this application and check made payable to **DIAMOND STAR CAMPS** to:

**Tom Underwood
P.O. Box 344
Plymouth, NH 03264**

**Home Telephone: 536-3139
E-mail: tusqueze@roadrunner.com
Web Page: www.diamondstarcamps.com**