
OBJECTIVES

To help each athlete develop the necessary work ethic and skill sets to have a great spring season. It is our goal to provide top of the line training that will guide young athletes as they pursue their baseball careers.

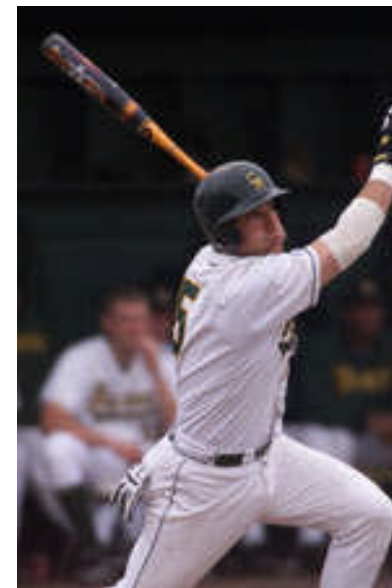


The Batting Cage
420 Canfield Ave
Bridgeport CT 06605
Address Correction Required

**CLINICS WILL BE
HELD AT THE
BATTING CAGE
LOCATED
ACROSS FROM
BRIDGEPORT
AND FAIRFIELD
CINEMAS**



ADVANCED BASEBALL CLINIC



**FOUR SUNDAY
SESSIONS
JAN 13,20,27 AND
FEB. 3
7:30-9:00 P.M.**

**ENROLLMENT
IS LIMITED**

(203) 259-2255

INSTRUCTORS

CHRIS FOURNIER

Chris was drafted by the New York Mets in the 16th round, of the 2007 MLB Draft.

Before professional baseball

Chris had an outstanding career at George Mason

University. In his last

collegiate season Chris hit

.369 with 53 RBI, 20 doubles,

and 14 homeruns.

MICHAEL FOURNIER

Michael is currently

attending St. Petersburg

Junior College, one of the

nations top junior colleges.

After having a standout

season with Fairfield

University he received a full-

athletic scholarship to pitch

for the St. Petersburg

Titans.

PROGRAM

7:30 – STRETCH

- **ACTIVE WARM-UP**
- **LIGHT THROWING**

7:50 – SMALL GROUPS

- 1. PITCHING**
- 2. HITTING**
- 3. FIELDING**
- 4. TEE WORK**

8:50 – CONDITIONING

9:00 – PICK UP

FEE SCHEDULE

Per Athlete – \$ 250.00
Sign up with a friend
and the cost will be
\$ 225.00 per person

ORDER FORM

Players name

Grad year

Age

Address

City

State

Zip

Phone

Emergency Phone

Mothers name

Fathers name

Consent Form: As a parent or guardian of the above applicant, I authorize the batting cage LLC to request medical treatment Necessary to insure the well being of the applicant. We, the Undersigned for ourselves, or heirs, executors and administrators, Waiver and release The batting cage LLC, their staff, officers, Agents, representatives, successors, employees, and assigns of any And all rights claims for damages to person or property which may Be sustained or occur during participation in activities, to or from Program whether paid damages, injury or loss due to negligence Or not.

Method of Payment



Check



MasterCard



Visa

Credit Card No.

Expire Date

Signature

Position(s)

Email