



JOE VERBANIC 2018 FIVE TOOL SOFTBALL SUMMER CAMPS

June 25-28, 2018
Youth (ages 7-12)
July 9-12, 2018
High School (Rising 9th-12th)



July 16-19, 2018
Youth (ages 7-12)

\$250

Equipment

All campers should bring: bat, helmet, cleats, glove, sunscreen, and a snack/lunch. Lunches can be purchased through the camp for \$7 (price is subject to change). Please ensure campers names are on all their belongings!

Directions

Directions to the field can be found on www.gomason.com. Click on "Athletics" and then "Facilities"

Accommodations

This is not an "overnight" camp. Players traveling from out of town will be responsible for securing accommodations.

- George Mason Head Coach Joe Verbanic welcomes you to register for this summer's Softball Camps! Camps will focus on the fundamentals of all aspects of the game including proper throwing mechanics, increasing arm strength, defensive fundamentals (IF, OF, pitching & catching), swing mechanics & base running.
- Players of all ability levels are welcome. Campers divided by age & ability level.
- We have assembled a veteran group of coaches experienced in camp instruction & dedicated to helping each camper become a better softball player.

Camps are open to any and all participants within the specified age range.

Sample Daily Schedule

9:00am: Check in
9:15am: Stations/Skill instruction
11:00am: Speaker/Lecture
11:30am: LUNCH
12:15pm: Warm up
12:30pm: Position play/Skill instruction
1:00pm: Scrimmages
3:00pm: Pick up

For questions about Joe Verbanic Five Tool Softball Camps
please contact Justin Walker 703-993-5630 (O)
419-569-1853 (C)
jrosswal@gmu.edu
George Mason University
Attn: Justin Walker—Softball
MS 3A5
4400 University Drive
Fairfax, VA 22030

*Joe Verbanic 5 Tool Development Softball Camp
Registration Form*

Name: _____ **Contact Phone:** _____ **Email:** _____

DOB: _____ **Age:** _____ **Grad Year:** _____ **T-Shirt Size** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

High School: _____ **GPA:** _____ **SAT:** _____ **ACT:** _____

Primary Position: _____ **Secondary Position:** _____ **Bats:** _____ **Throws:** _____

Club/Travel Team _____ **Coaches Name:** _____ **Coaches Contact:** _____

Emergency Contact: _____ **Contact Phone:** _____

Insurance Provider: _____ **Subscriber Name:** _____

Subscriber Number: _____ **Group Number:** _____