July 19-21, 2016
HHS Softball Fields

This camp will be staffed by Falcon Head Coach Lesley Güereca, assistant coaches, and Falcon players. The camp is designed to provide athletes ages 5-18 opportunities to improve fundamental skills, hitting mechanics, and overall team offense and defense skills. Players will also have the opportunity to learn position specific skills including pitching, catching, infield, and outfield. This camp will provide a positive and fun learning experience while participating in softball skills and games.

Camp Times:

Grades K-4: 9:00 AM – 10:30 AM
Grades 5-8: 10:30 AM – 12:30 PM
Grades 9-12: 2:00 PM – 4:00 PM

*All Ages Pitchers & Catchers Clinic: 4:00 PM – 5:00 PM

*Grade based on 2016-2017 school year

What your athlete should bring:

Softball Equipment: Glove, Bat, Helmet, Batting gloves, etc.
*Some equipment will be available to borrow.

Athletic Clothing: Shorts or pants, T-shirt with sleeves, cleats or tennis shoes.

Water Bottle: Water jugs will be available to refill water throughout the day

A Great Attitude!!!
Registration Information
Registration and payment can be delivered or sent by mail to Hanford High School. Registration should be received by July 18th. **Late registration available on site July 19th.**

MAIL REGISTRATION TO:
HANFORD FALCONS FASTPITCH CAMP
HANFORD HIGH SCHOOL
ATTN: LESLEY GÜERECA
450 HANFORD ST.
RICHLAND, WA 99354

COST:
$50 FOR FIRST CHILD.
$40 FOR EACH ADDITIONAL CHILD.
**CAMP T-SHIRT INCLUDED**
*Add $10 for pitchers/Catchers clinic

*Payment must be in the form of a personal check, money order, or cashier's check made out to RICHLAND SCHOOL DISTRICT. For more information contact Coach Lesley Güereca directly at 967-6500 or 430-5280 or Lesley.Guereca@rsd.edu. Also visit our website www.hhsfalconfastpitch.webs.com for online registration.

**Please fill out one registration form for each athlete.**

Name ______________________________ Age ______ Grade __________
School ______________________________ *Pitcher/Catcher Clinic? YES NO

T-Shirt Size: Please Circle One

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Parent/Guardian Name(s) ______________________________
Address __________________________________________________________________

City ___________________ State _____ Zip ___________

Phone # ___________________ E-mail ___________________________

I hereby authorize the staff of the Hanford Falcons Fastpitch Camp to act for me according to their best judgment regarding any emergency medical attention my child may require. I waive and release the camp of any and all liability incurred while at camp.

Parent/Guardian Signature Required ______________________ Date _____________