

Limited to Only 40 Pitchers!
Sign Up Now! 1st Come, 1st Serve!
February 1, 8, 15 & 22 → 5:30PM – 8:00PM
Any questions, Call: 570 – 955 – 0471
or email info@electriccitybaseball.com

ABOUT THE CAMP

- Campers, ages 6 through 18, will receive pitching instruction (both group and individual) which will cover all aspects of pitching, including: mechanics, philosophy, variety of pitches, drill sequences, game strategy, mental aspects and conditioning. Guest speakers include high school and college coaches, strength coaches and nutrition experts.
- Each camper will receive a detailed written analysis of performance and ability including strengths and weaknesses. Additionally, campers will receive a certificate of attendance and a camp t-shirt.
- Each camper must bring a hat, glove and sneakers/turf shoes.
- Cost of the Camp is \$125 per camper.
- You will be notified by email once your application has been received and processed. There are no refunds. For more information on our refund policy, please visit our web-site.

Checks are made payable to:

ECBSA, LLC

Mail to: Electric City Baseball & Softball Academy
501 Wyoming Avenue, Scranton, PA 18509

Deadline for camp applications is

February 4, 2017

PERSONALIZED DVD

A personalized DVD which details specific areas of improvement for the camper can be purchased for an additional fee of \$45.00. This DVD will serve as an excellent training tool for future development as a pitcher.

WHAT CAMPERS & PARENTS SAY

“I learned more than pitching mechanics, philosophy and conditioning. I learned how to get hitters out.”

-Simon McAndrew, Scr. Prep HS

“The camp was a great experience for my son. His ability to throw strikes has improved dramatically.”

-Joe Mascaro, Parent

“I went for two years and I feel each year it aided in my development as a successful high school pitcher.”

-Jack Price, Dunmore HS

STAMP

15TH ANNUAL *Pre-Season*

PITCHING CAMP

Mondays

February 6, 13, 20 & 27, 2017

5:30pm – 8:00pm



**GET READY FOR THE SEASON
WITH QUALITY PITCHING
INSTRUCTION ON FOUR
CONSECUTIVE MONDAY
EVENINGS.**

**Electric City Baseball
& Softball Academy
501 Wyoming Avenue
Scranton, PA 18509**

570-955-0471

www.electriccitybaseball.com

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Scranton, PA 18509

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& Softball Academy
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Scranton, PA 18509**

**The Pre-Season Pitching Camp will
have our academy instructors plus
some the area's best baseball
coaches on staff. They include:**

Ken Grundt
Pitching Coach
ECBSA

Mike Zwanch
Pitching Coach
ECBSA

Tyler Buckley
Pitching Coach
ECBSA

.....**AND MORE!**

www.electriccitybaseball.com

Sample Daily Camp Schedule

- 5:30pm Roll & Introduction
- 5:35pm Stretching & Warm-up
- 5:45pm Throwing Program
- 6:00pm Brief Talk – Daily Topic
- 6:15pm Drill Work
- 7:10pm Bullpens/Fundamentals
- 7:55pm Wrap-up & Review

**Electric City
Baseball & Softball Academy
501 Wyoming Avenue
Scranton, PA 18509
Phone: 570-955-0471
Fax: 570-955-0768**

**Book your try-outs or practices now
at the Electric City Baseball & Softball
Academy's new facility! Check our
website for private lesson and camp
information.**

Our New Facility Includes

- ❖ Fully turfed 7,000 square foot practice area
- ❖ Six batting cages (cages can be retracted for defensive work)
- ❖ ATEC armed pitching machines (throws real baseballs up to 90mph)
- ❖ Portable baseball & softball mounds
- ❖ Pro Shop (with baseball equipment & apparel)
- ❖ Parents waiting area
- ❖ Film Area
- ❖ Players Lounge

Individual Cage Rentals

- ❖ Half Hour Session \$15
- ❖ Full Hour Session \$25
- ❖ Full facility or team pricing:
please call for quote

Top Notch Staff of Instructors

- ❖ All instructors have college and/or professional coaching experience
- ❖ Please see our web-site for updated biographies
- ❖ Packages available for multiple lessons and workouts

PREPARATION LEADS TO SUCCESS

15th ANNUAL PAUL MCGLOIN HOLIDAY PITCHING CAMP APPLICATION – Return with payment by 2/4/17

Name: _____ Phone: _____ / _____ / _____ Date of Birth: _____ / _____ / _____
 Address: _____ City, State, Zip: _____
 Age: _____ Throws: L / R DVD: Yes / No Total: \$ _____
 Camp Fee: \$125 Video (if applicable) \$45
 Emergency Contact Person: _____ Phone: _____
 Insurance Company: _____ Policy Number: _____

I do hereby voluntarily consent to examination and emergency service treatment, including the administration of such drugs, infusion and/ or transfusion of blood components deemed necessary in the judgment of the physician(s) and whoever may be delegated as assistants of the medical staff or nearby hospital. I certify that I have read and fully understand the consent given herein. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I also agree not to sue ECBSA, LLC., Paul McGloin or Riverfront Sports, Inc. The undersigned intends to be legally bound hereby.

Disabilities or Limitations _____ Authorized Signature _____ Date _____ Relationship _____

Your email address (required for confirmation): _____