

**There is a limit on the number of players in this camp. Sign Up Now!**  
Any Questions: call 570 – 955 – 0471 or visit  
[www.electriccitybaseball.com](http://www.electriccitybaseball.com)



- Campers, ages 6 through 18, will receive instruction (both group and individual) which will cover all aspects of the game which include: throwing, fielding, pitching, hitting, base-running, team play, drill sequences and the mental game.
- Each camper will receive a written analysis of performance and ability including strengths and weaknesses.
- Each camper must bring a glove and sneakers/turf shoes. A personal softball bat is recommended but not required.
- **The total cost of the camp is only \$99.**
- You will be notified by email once your application has been received and processed.

There are no refunds. For more information concerning our refund policy, please visit  
[www.electriccitybaseball.com](http://www.electriccitybaseball.com).

**Checks are made payable to: ECBSA, LLC**  
**Mail to: ECBSA, LLC**  
**501 Wyoming Ave., Scranton, PA 18509.**

**Deadline for camp applications is:**  
**Session I: February 8, 2020**  
**Session II: March 7, 2020**

## WHAT CAMPERS & PARENTS SAY

“All of the camps Electric City conducts are informative, instructional and thorough. My child will be at almost everything they do.”

-Joe Mascaro, parent

“I really enjoyed myself. I learned a lot and the coaches were great!”

-Ashley Brown, camper

“ECBSA is really the best around. They have patience and take a great deal of time to teach the girls the softball game the right way.”

-Deborah Luchinski, parent

“This softball camp is my favorite. I wait every year for this!”

-Abby Nealon, camper

**ECBSA, LLC**  
**501 Wyoming Ave.**  
**Scranton, PA 18509**  
**U.S.A.**

# ELECTRIC CITY BASEBALL & SOFTBALL ACADEMY

PRESENTS THE

## 2020 SUNDAY SOFTBALL CAMP



- Session I: February 9, 16, 23 & March 1 from 4:00pm-6:00pm
- Session II: March 8, 15, 22 & 29 from 4:00pm-6:00pm

[WWW.ELECTRICCITYBASEBALL.COM](http://WWW.ELECTRICCITYBASEBALL.COM)

**Only \$99 for four days!**  
**“Preparation Leads to Success.”**

**Camp Director: Mia Collarini**  
**Head Softball Instructor**  
**Electric City Baseball**  
**& Softball Academy**

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

**The Sunday Softball Camp will have some the area's best softball coaches and players on staff. They include:**

**Kate Fox,**  
*Head Softball Coach*  
*Riverside High School*

**Kate Shiffer,**  
*Hitting Instructor*  
*ECBSA*

**Jim Leppo,**  
*Head Softball Coach*  
*Electric City Shock*

**Karissa Worobey,**  
*Softball Pitching Coach*  
*ECBSA*

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

**[www.electriccitybaseball.com](http://www.electriccitybaseball.com)**

Sample Daily Camp Schedule

- 4:00pm Roll & Introduction
- 4:05pm Stretching & Warm-up
- 4:15pm Throwing Program
- 4:30pm Brief Talk – Daily Topic
- 4:45pm Hitting Stations
- 5:30pm Break
- 5:35pm Defensive Stations
- 5:50pm Competitive Games
- 6:00pm Wrap-up & Review

**Book your try-outs or practices now at the Electric City Baseball & Softball Academy's 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)
- ❖ Soft Toss & tee drill area
- ❖ ATEC armed pitching machines (throws real baseballs up to 90mph)
- ❖ Softball pitching machine
- ❖ Portable baseball & softball mounds
- ❖ Pro Shop (with baseball equipment & apparel)
- ❖ Parents waiting area
- ❖ Film Room
- ❖ Players Lounge

**Individual Cage Rentals**

- ❖ Half Hour Session
- ❖ Full Hour Session
- ❖ 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

Electric City Sunday Softball Camp Application – Return with payment by deadline: 2/8/20 for Session I or 3/7/20 for Session II

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Check:  Session I  Session II

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Bats: L / R / S Throws: L / R Primary Fielding Position: \_\_\_\_\_ Secondary: \_\_\_\_\_ Total Price:  \$99.00

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 Electric City Baseball nor Connell Park Little League. The undersigned intends to be legally bound hereby.*

Disabilities or Limitations \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Your email address (required for confirmation): \_\_\_\_\_