Where: Potomac State College - Lough Gymnasium- Keyser, WV 26726

Time: 1:00 pm – 3:00 pm  (Registration 12:00 pm – 1:00 pm)

Directors: Doug Little- Head Coach; Don Schafer- Assistant Coach

Special Guest: J.R. Perdew- Pitching Coach Winston-Salem Dash (Chicago White Sox)

Staff: Current Potomac State Players and Coaches

Camp Goals: Join the coaches and players at Potomac State College and learn the latest in pitching techniques during this one day intensive camp. Instructors leading this camp will focus on preparing pitchers to compete at a high level. Learn the basics of being a successful pitchers with lessons on becoming a complete pitcher. Focus on mechanics, proper arm care, fielding your position and throwing strikes. Our purpose is to provide each camper with the instruction and encouragement needed to develop individual skills to a greater level.

Cost: ** $40.00. ** (Make checks payable to: Potomac State Baseball)

Note: Campers will be divided by age and skill level. Due to limited enrollment, pre-registration is strongly encouraged. All campers should bring baseball glove, tennis shoes for indoor use, caps and uniform pants or clothes suitable for play.

For further information, contact: Doug Little (304) 788-6878 DLittle@mail.wvu.edu
Don Schafer (304) 788-6851 DSchafer@mail.wvu.edu
In case of inclement weather, call: (304) 788-6878

www.potomacstatecollege.edu/athletics/mbaseball

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**2015 WINTER PITCHING CAMP REGISTRATION FORM**

Name: __________________________________________ Age: __________________

Home Address: __________________________________________ Date of birth: __________________

City: ___________________________ State: ___________ Zip: ___________

School attending: ___________________________ Grade in school: ___________

Phone: (_____) ___________________________ Height: _______ Weight: _______ Primary Position ___________

E-Mail Address: ___________________________

Have you ever attended a Potomac State Baseball Camp? Yes_________ No __________

I certify that my child is medically qualified to attend baseball camp. I hereby authorize the directors of the Potomac State Baseball Camp to act for me in accordance with their best judgment in an emergency situation requiring medical attention. I hereby waive and release the Potomac State Baseball Camp, its employees and staff from all liability for injury and illness incurred while my child is at camp.

Signature of Parent/Guardian __________________________ Date __________

Family Insurance Company __________________________ Policy Number ______________

PLEASE RETURN THIS FORM AND PAYMENT TO:  Potomac State College, Attn: Baseball Office, 101 Fort Avenue, Keyser, WV 26726