



2016 Hitting Sessions

Group Sessions

All on Sunday evenings in our UWL Mitchell Hall Fieldhouse indoor batting cages.

Group Session 1:	October 23, 30, November 6, 13, 20 (5 sessions)
	\$75 Grades 5-8 5:15 – 6:30pm
	\$100 Grades 9-12 6:30 – 7:45pm
Group Session 2:	November 27, December 4, 11, 18 (4 sessions)
	\$60 Grades 5-8 5:15 – 6:30pm
	\$80 Grades 9-12 6:30 – 7:45pm

Semi-Private Sessions

These sessions are limited to 4 players of similar age per time slot, and held in our private hitting cage downstairs in Mitchell Hall. All sessions will meet in lobby of Mitchell Hall to start.

Semi-Private Session 1:	\$100	Tuesdays – Oct 25, Nov 1, 8, 15, 22	Grades 5-8	5-6pm
Semi-Private Session 2:	\$125	Tuesdays – Oct 25, Nov 1, 8, 15, 22	Grades 9-12	6-7pm
Semi-Private Session 3:	\$100	Wednesdays – Oct 26, Nov 2, 9, 16, 23	Grades 5-8	5-6pm
Semi-Private Session 4:	\$125	Wednesdays – Oct 26, Nov 2, 9, 16, 23	Grades 9-12	6-7pm
Semi-Private Session 5:	\$80	Tuesdays – Nov 29, Dec 6, 13, 20	Grades 5-8	5-6pm
Semi-Private Session 6:	\$100	Tuesdays – Nov 29, Dec 6, 13, 20	Grades 9-12	6-7pm
Semi-Private Session 7:	\$80	Wednesdays – Nov 30, Dec 7, 14, 21	Grades 5-8	5-6pm
Semi-Private Session 8:	\$100	Wednesdays – Nov 30, Dec 7, 14, 21	Grades 9-12	6-7pm

Group Sessions & Semi-Private Sessions are registered for separately
All sessions are led by Assistant Baseball Coach Seth Feldman & current UWL players
If sessions are full, please contact Coach Feldman to see if alternate times may be arranged
 Assistant Baseball Coach Seth Feldman – sfeldman@uwlax.edu

Family Discounts: 10% off total for 2 siblings – 15% off total for 3 siblings

Private Hitting & Private Catching Lessons are also available with Coach Seth Feldman for \$40/hr.

Visit uwlacamps.com for online registration, printable registration, and more information!

2016 Winter Hitting Sessions

UW-LA CROSSE BASEBALL

Registration Form



Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Participant Name: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ Swings: R L

Parent/Guardian Name: _____ Email: _____

Emergency Phone #1: _____ Emergency Phone #2: _____

Registering for (please mark all that apply):

GROUP SESSIONS

Group Session 1 – Sundays (Oct 23, 30, Nov 6, 13, 20)
 \$75 – Grades 5-8 (5:15-6:30pm)
 \$100 – Grades 9-12 (6:30-7:45pm)

Group Session 2 - Sundays (Nov 27, Dec 4, 11, 18)
 \$60 – Grades 5-8 (5:15-6:30pm)
 \$80 – Grades 9-12 (6:30-7:45pm)

PRIVATE LESSONS

Private Hitting & Catching Lessons Available
\$40 / hour

Please contact Assistant Coach Seth Feldman OR
fill out this form and send in – Coach Feldman will
get in touch with you to make arrangements.

Please contact me regarding private lessons

SEMI-PRIVATE SESSIONS

Semi-Private Sessions 1 & 2 – Tuesdays (Oct 25, Nov 1, 8, 15, 22)
 \$100 – Session 1 – Grades 5-8 (5:00-6:00pm)
 \$125 – Session 2 – Grades 9-12 (6:00-7:00pm)

Semi-Private Sessions 3 & 4 – Wednesdays (Oct 26, Nov 2, 9, 16, 23)
 \$100 – Session 3 – Grades 5-8 (5:00-6:00pm)
 \$125 – Session 4 – Grades 9-12 (5:00-6:00pm)

Semi-Private Sessions 5 & 6 – Tuesdays (Nov 29, Dec 6, 13, 20)
 \$80 – Session 5 – Grades 5-6 (5:00-6:00pm)
 \$100 – Session 6 – Grades 9-12 (6:00-7:00pm)

Semi-Private Sessions 7 & 8 – Wednesdays (Nov 30, Dec 7, 14, 21)
 \$80 – Session 7 – Grades 5-6 (5:00-6:00pm)
 \$100 – Session 8 – Grades 9-12 (6:00-7:00pm)

Amount Enclosed: \$ _____

Check enclosed, made payable to: *UW-La Crosse*

Return form to:
UW-La Crosse Athletic Camps & Clinics
110 Mitchell Hall
1725 State St.
La Crosse, WI 54601

If you have any questions, please contact Assistant Coach Seth Feldman by e-mail at sfeldman@uwlax.edu

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

visit uwcamps.com for online registration and more information!