



**Baseball City Training Center**  
**202 Murphy Road Hartford, CT**  
**www.baseballcityct.com**  
**(860) 527-2489**

# MAJOR LEAGUE PITCHING

## MAJOR LEAGUE PITCHING IMPORTANT FACTS

The Major League Pitching Clinic is geared toward the player who wants to take his game to another level over an 8 session, 4 week period (2 sessions per week). Each pitcher's delivery and mental approach will be broken down, analyzed and corrected. This clinic will feature video analysis by Major League's Right-View Pro, an advanced mental approach from instructors who have played at the highest levels, a breakdown of game situations and guest instructors who have played or coached at the Major League level. Don't miss this opportunity to learn from the best!!!

Baseball City is the only place you'll need to go to satisfy all your baseball needs. We have year-round hitting, pitching and fielding in a professional facility, year-round professional instruction formulated by Bill Masse and his Professional curriculum and a fully stocked pro-shop for all your equipment needs. See why everyone is saying that Baseball City takes baseball training to a whole other level!!!!

### SESSION 1 (8 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Thursdays	January 3, 10, 17, 24	7:30-8:45pm	13-18	\$250	\$300
Sundays	January 6, 13, 20, 27	10:30-11:45am			

### SESSION 2 (8 SESSIONS)

12 Player Max	Dates	Time	Ages	Member	Non- Member
Thursdays	January 31 February 7, 14, 21	7:30-8:45pm	13-18	\$250	\$300
Sundays	February 3, 10, 17, 24	10:30-11:45am			

-----  
*Please cut and mail registration to address below*

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_ AGE \_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

MEMBER \_\_\_\_ NON-MEMBER \_\_\_\_ \$ \_\_\_\_\_ AMOUNT ENCLOSED \_\_\_\_\_ T-SHIRT SIZE S M L XL XXL

Payment: CREDIT CARD: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

I/We hereby authorize Baseball City, LLC. to act in my/our behalf in obtaining appropriate emergency medical treatment for my son/daughter if I/we am/are unavailable to do so myself. In addition my son/daughter realizes sports are competitive and that injuries are part of the game. I/we assume all risks and hazards associated with this participation. I/we do hereby waive, release, absolve and agree to hold harmless Baseball City owners, staff and instructors for any claim arising out of injury to my son/daughter.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Child Signature \_\_\_\_\_

Date \_\_\_\_\_

**CHECKS PAYABLE TO BASEBALL CITY** - 216 MURPHY ROAD, HARTFORD, CT 06114 [WWW.BASEBALLCITYCT.COM](http://WWW.BASEBALLCITYCT.COM) 860/527-CITY