



## Bethel Baseball Camp

Quality Instruction From  
High School And College  
Coaches

Sponsored By Bethel  
Parks And Recreation  
203 794 8531

Cost: \$100

Cost Includes: Hat, Small  
Group Instruction, Batting  
Cages, Baseball Olympics &  
Awards

*OPEN TO ALL SURROUNDING TOWNS*



14 Stanrod Avenue  
Waterbury, CT.  
06704

Coach Doug Goodrich

# Bethel Baseball Camp

Abe Mitchell Park

July 8 - 11  
9am-12 noon  
Ages: 7 - 10



Teaching the Fundamentals to  
the Next Generation

Serving All Surrounding Towns

# Bethel Baseball Camp



## Camp Director

*Doug Goodrich*

Former Danbury  
Westerners ,  
Mattatuck Com-  
munity College  
and Danbury  
High School  
Coach

## Chief Instructor

*Chris Petersen*

Former Manchester Community Col-  
lege, University of Hartford, Sacred  
Heart University , Danbury Western-  
ers and Danbury High School Coach

Currently the Director of Instruction  
for Newtown Babe Ruth

## Special Instructions

Listen to WLAD or WDAQ for cancellation

Campers should not arrive before 8:45 am

If a day is cancelled before 9am the make up  
day will be Friday July 12

There will be NO make up for a day cancelled  
after 10am

Private Individualized Instruction is available  
at \$30/ half hour. You must pre register!

**KEEP THESE INSTRUCTIONS FOR REFERENCE**



**Ages:** 7-10 years

**Dates:** July 8–11

**Time:** 9am–12 noon

**Place::** Abe Mitchell Park

**Cost:** \$100.00

## **Cost Includes:**

- Camp Hat
- Small Group Instruction
- Batting Cages
- Competitive Drills
- Baseball Olympics & Awards

## **Private Individual Instruction**

- Cost: \$30.00/ half hour
- Hitting, Pitching, Fielding, Catching
- You MUST Pre-register
- Time: 12–2pm
- Call: 203-448-0507

## REGISTRATION FORM

**Please fill out and submit this Registration Form with Payment**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Town/

Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact and phone #  
\_\_\_\_\_

Medical Concern \_\_\_\_\_  
\_\_\_\_\_

**T-shirt size (Boys) S M L**

I enroll my child in all activities of the Bethel Baseball Camp and verify that he/she is in good health and able to take part in all activities. I wave all claims against the camp director, and staff and the sponsors from injuries sustained in approved activities I hereby authorize emergency medical treatment to be administered by licensed personnel in my absence.

**Parent/Guardian Signature & Date**  
\_\_\_\_\_

**MAIL TO AND MAKE CHECKS PAYABLE TO:**

**DOUG GOODRICH  
14 STANROD AVENUE  
WATERBURY, CT 06704**

**(203 448 0507)**