

BASEBALL SKILLS CAMPS



Dans coaches and players will help your young player improve skills by teaching them new drills, mechanics and strategies. This camp is ideal for school-aged players looking for a well-round experience.

CHOOSE YOUR CAMP

Wed-Thurs – June 15-16

Tues-Wed – June 28-29

Mon-Tues – July 11-12

Same time all dates: 9 am – 12 noon

All Camps held at historic Danville Stadium.

One-on-One lessons with the coaches also available.

YES! Sign us up for the 2022 Baseball Skills Camps



Name _____ Grade _____ Pos _____

Name _____ Grade _____ Pos _____

Name _____ Grade _____ Pos _____

Address - inc. City & ZIP _____

Parent's Cell Phone _____

Email _____

	<i>First Child</i>	<i>Add'l Camps</i>	<i>Add'l Children</i>	<i>Add'l Camps</i>
Wed-Thur, June 15-16	<input type="checkbox"/> \$80		<input type="checkbox"/> \$70 each	
Tues-Wed, June 28-29	<input type="checkbox"/> \$80	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70 each	<input type="checkbox"/> \$60 each
Mon-Tues, July 11-12	<input type="checkbox"/> \$80	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70 each	<input type="checkbox"/> \$60 each

Total Due \$ _____

Scan QR code to make payment through Paypal.

Email this form to: coleman21@hotmail.com

Or mail form and check (payable to Eric Coleman) to:

Danville Dans – 138 E Raymond – Danville, IL 61832

Questions: email coleman21@hotmail.com

or call 702-994-5040



Parental Permission for: _____
(name of child /children)

has my permission to participate fully in the Danville Dans Baseball Camps. I authorize the staff of the Danville Dans Baseball Camps to act for me in the event of any emergency. I hold harmless the staff of the Danville Dans Baseball Camps for all liability and responsibility for any injury incurred as a result of participation in camp. I understand that I am responsible for primary insurance coverage of my child.

(Insurance Carrier)

(Policy Number)

Signature of Parent or Guardian