

16th ANNUAL – FEBRUARY BREAK BILLY BOWE BASEBALL CLINIC – 2024

Sponsored by PENFIELD LITTLE LEAGUE

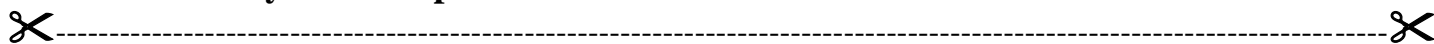
- Dates:** February 20, 21, 22, 2024 (Tues., Wed., Thurs.)
Time: 10:00am – Noon (Limit 60 campers)
Site: Tri-County Sports Complex (856 Walworth-Penfield Road / Rte. 441 towards Macedon)
Ages: 5 – 12 (boy or girl)
Cost: \$120 (Register online: billybowecamps.com OR mail in registration below)
Director: Billy Bowe, Former Head Baseball Coach at McQuaid and Canandaigua
- Section V Baseball Hall of Fame Member – Class of 2022
 - Hall of Fame Member at Victor (2018) & Canandaigua (2021) Schools
 - Overall Record: 308-115 (.728), League Record: 187-57 (.766)
 - Tenth Coach in Section V History to Reach 300 Wins
 - Three Section V Titles and Seven League Championships
 - Coach of the Year Six Times
 - Camp Director, Coach, Clinician and Teacher for over 35 years
- Staff:** Skip Bailey: Former Head Coach at Monroe Community College
Andy Struzik: Wayne Central
Mark Salerno: Brighton Central
Dan Wright: Rochester City School District, PLL President
Additional Area High School Coaches & Players



The clinic will cover the mechanics and techniques of hitting, bunting, throwing, pitching, catching, fielding and base running. Home run derby, hot box and many other fun games will also be played at the clinic.

Any questions; email, coachbowe@rochester.rr.com (or) text / call, 585-503-6181

*****Website: billybowecamps.com**



REGISTRATION FORM

FEBRUARY BREAK BILLY BOWE BASEBALL CLINIC – 2024

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____ Emergency Contact: _____

Medical Issues: _____

Email (*please print*): _____

I approve of my child's attendance at the Penfield LL Baseball Clinic and certify that he/she is in good health and able to participate in all camp activities. In case of an accident, injury or sickness, Penfield LL, Billy Bowe and Camp personnel are not liable and have my permission to use their best judgment in the care of my child. We/I, the parent/guardian, also understand that, we/I, are responsible for maintaining health insurance to cover any emergency, hospital or medical expenses.

Insurance Company: _____

Parent/Guardian Signature: _____

FOR MAIL in REGISTRATION:

Penfield Little League
c/o Billy Bowe, February Break Baseball Clinic
P.O. Box 39
Penfield, NY 14526

FOR OFFICE USE ONLY

Date Rec`d: _____

Check #: _____

Amt. Rec`d: _____