

## STAFF

### **Head Coach Mark Cooke:**

\_\_\_\_\_ year as Head Coach at Winthrop

\_\_\_\_\_ 5, 2007 , 2008 Big South Conference  
Coach of the Year

\_\_\_\_\_ Winthrop to 2007 & 2008 Big South  
Conference titles, and 2 appearances in  
NCAA Regional

\_\_\_\_\_ years of experience conducting and  
instructing in youth camps and clinics

**Michelle Carlson- Assistant Coach at  
Winthrop**

**Jim Clift- Assistant at Western Carolina  
University**

**Rick Pauly- Assistant Coach at University  
of South Carolina**

**Dennis Shores- Head Coach at Guilford  
College**

**Huber Watson- Head Coach at Florence  
Darlington Tech College**



## MAILING ADDRESS & CONTACT

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Winthrop Softball  
Rock Hill, South Carolina 29733

Mark Cooke  
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or  
Cari Wooldridge  
Phone: 803-372-8736  
Email: [Wooldridgec2@winthrop.edu](mailto:Wooldridgec2@winthrop.edu)

## 16U College Skills Camp

**2:00 pm-8:00 pm**

**Saturday, July 24th**

**Winthrop University  
Softball Complex**

~~Pre-registration a must!!~~

WINTHROP UNIVERSITY



# Camp Information

**Hitting:** 90 min, players will work through multiple stations including:

- Tee
  - Live/ front toss
  - A review in “ Right View Pro” software
- \*\* We will not rebuild or tear down swings\*\*

**Fielding:** Infield & Outfield, 90 min. sessions

**Pitching:** 2 hour sessions.

- More time for instruction
- Girls will not be throwing the full 2 hours
- Pitchers must bring a catcher

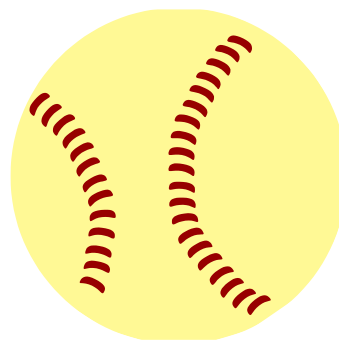


## July Camp Check-In

\*The clinic registration will begin on July 24th at 1 pm at Terry Field.

\*Campers should bring cleats, glove, bat and tennis shoes.

\*\*Pitchers must bring a catcher. \*\*



## Select the camp(s) you wish to attend:

Session & Time	Cost	✓
<input type="checkbox"/> Hitting: Session 1: 2pm-3:15 pm	\$75.00	
<input type="checkbox"/> Hitting: Session 2: 3:30-5 pm	\$75.00	
<input type="checkbox"/> Pitching: Session 1: 4pm-6pm	\$90.00	
<input type="checkbox"/> Pitching: Session 2: 6 pm-8 pm	\$90.00	
<input type="checkbox"/> Fielding: Session 1: 2- 3:15 pm	\$75.00	
<input type="checkbox"/> Fielding: Session 2: 3:30-5 pm	\$75.00	
Subtotal: _____		
Grade (Fall) _____		

Name \_\_\_\_\_

High School & Graduation Yr \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Age \_\_\_\_\_

Parent, Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

