



Sports and Athletics Section
Department of Community Services
 77 Reads Way • New Castle DE 19720
 (302) 395-5890 (office) (302) 395-5892 (fax)
www.nccdesports.com



Christopher A. Coons
 County Executive

2008 FALL
H.S. BASEBALL INSTRUCTIONAL PROGRAM / WORKOUTS

Dates: September 4 – September 27 (plus make-up dates in October if necessary)

Ages: Open to high school age players in grades 9 – 12

Class Size: 15 – 25 Per Session **Cost:** \$64 per person / per session.

Sessions:	Day	Time	Dates	Location
A	Thursday	6-8 pm	9/4, 9/11, 9/18, 9/25	Banning Park
B	Saturday	10 am – 12 noon	9/6, 9/13, 9/20, 9/27	Delcastle Rec.

Description: The program will include a highly coordinated series of drills, game situations, and scrimmage play to help enhance each player’s skills and knowledge in baseball. Players will be tested and evaluated on their running speed and throwing velocity. This unique format will make it the most comprehensive fall baseball program offered in the area. Players must provide their own bats, gloves, catcher’s gear and personal items such as waters bottles, towels, etc.

Instructor: *Tom Lemon (998-0267)* – former head baseball coach at St. Mark’s H.S and present head coach at Sanford H.S. Tom led the Spartans to four state titles and eight appearances in the state championship game. Dozens of Lemon’s products have played college baseball and six have been drafted by the pros. Honored in past as Catholic Coach of the Year, Delaware Coach of the Year, and coached the Delaware All Stars three times in the Carpenter Cup Classic. Tom will be assisted by former top-notch collegiate players residing in the area.

Registration: To register send form and payment (check or money order please) payable to New Castle County to: 77 Reads Way, New Castle DE 19720. **Cost: \$64 per person / per session.**

Postponements: Call 395-5891 on day of event if weather is questionable. Note: Make-up classes due to rain postponements will be held at Banning Park on Tuesday nights (as well as other open dates & times if necessary).

2008 FALL H.S. INSTRUCTIONAL BASEBALL PROGRAM

Name _____ D.O.B _____ Age _____

Address _____ City _____ ST _____ Zip _____

Home Phone# _____ Mother’s Wk # _____ Father’s Wk # _____

School Attending _____ Grade _____

Session(s) (Circle Preference):	A	B
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WAIVER MUST BE SIGNED BY PARENT OR GUARDIAN: “I hereby give permission for my child(ren) to participate in the New Castle County Department of Community Services Annual Baseball Instructional Program. I certify that he/she is physically fit and will not hold the New Castle County Department of Community Services their representatives, agents, or assignors liable for any accident or injury incurred during his/her participation in the program.”

Parent/Guardian Signature _____

OFFICE USE ONLY: DATE _____ AMOUNT _____ NAME _____ CHECK # _____ BANK _____ H:\Baseball\08 fall Baseball flyer.doc