



MMFL Winter Extravaganza Clinic & Showcase 16U & 18U Players

When? Saturday, December 26th 1:00PM-5:00PM (Clinic with Coaches)
Sunday, December 27th 3:00PM-7:00PM (College Showcase)

Where? Holy Angels Star-Dome
6600 Nicollet Ave South
Richfield, MN 55423

Cost? \$100.00 (10% Discount if more than 10 Players from any Organization)

Working the Clinic? Jim Berbee (Showcase Advisor)
John Tschida (University of St. Thomas)
Tim Gormley (Augsburg College)
Greta Melstad (Augustana College)
Jim Rubbelke (Hamline University)
Chad Tueschner (Winona State)
Dave Alto (Anoka-Ramsey Community College)
PLUS MANY MORE!

Colleges Attending Last Years Showcases

Iowa Lakes Community College
Macalester College
Augsburg College
UW-Eau Claire
Winona State University
St. Catherine's College
Minnesota State-Mankato
Hamline University
St. Cloud State University
St. Scholastica
University of Minnesota-Duluth
St. Mary's University
UW-River Falls
Carelton College
Northwestern College (Roseville)
College of St. Benedict
Augustana College
Northern State University (South Dakota)
PLUS MANY MORE!

On Saturday the players will have the opportunity to work directly with some of the best College Coaches in the Midwest! Saturday will be a clinic format and the girls will get a chance to learn from the best for FOUR HOURS!

On Sunday, it's time to put what they have learned to good use. Players will showcase their talents in front of dozens of College Coaches. Players will get a chance to go through all of the fundamentals and also will get a chance to scrimmage in front of the coaches. **DON'T MISS THIS GREAT OPPORTUNITY!** Sign Up fast - this showcase is limited to the first 100 players that register. **REGISTRATION DEADLINE IS DECEMBER 14TH.**

PLAYER CLINIC/SHOWCASE REGISTRATION FORM 16U/18U

December, 26th 1:00PM-5:00PM at Holy Angels Star-Dome

December, 27th 3:00PM-7:00PM at Holy Angels Star-Dome

Cost is only \$100.00 (10% Discount if more than 10 Players from any Organization)

PLAYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ GRADE _____

CONTACT PHONE _____ EMAIL ADDRESS _____

AGE OF PLAYER ON DEC 31ST, 2008 _____

T SHIRT SIZE _____

Send Payment OF \$100.00 and Registration to:

MMFL

2237 Lilac Ln

White Bear Lake, MN 55110

All players must bring a complete Emergency Medical Contact Form and a Signed Permission form to be able to participate. All players should wear appropriate clothing, and should bring their own glove and shoes. Catchers need to bring their own equipment, if they can.

EMERGENCY MEDICAL FORM

Player Name _____

Parent/Guardian _____

Emergency Contact (1) _____ Relationship _____

Phone(s) _____

Contact (2) _____ Relationship _____

Phone(s) _____

Contact (3) _____ Relationship _____

Phone(s) _____

Clinic Name _____ Physician _____

Address _____ Phone _____

Medical Insurer _____

Policy/Group Number _____

Dentist Name _____

Dentist Address _____

Dental Insurer _____

Policy/Group Number _____

Please list any allergies, health problems/conditions, or medications required. If none, please indicate by initialing here. _____.

PERMISSION FORM

I, the parent/legal guardian of:

Give my permission and approval for her participation in the MMFL Winter Extravaganza and Clinics. I assume all risk and hazards incidental to such participation including transportation to and from activities. I do hereby waive the MMFL, its office, the organizers, sponsors, supervisors, participants, board members, coaches and persons transporting the above named to and from activities from any claim arising out of accident or other incident resulting from participation in any or all MMFL sponsored activities.

Parent/Guardian

Signature _____ Date _____

2009 MMFL College Showcase Questionnaire

#	Questions	Answers
1	Player Name	
2	High School	
3	Grade	
4	Summer Team	
5	Positions	
6	GPA	
7	Height	
8	Weight	
9	Throws	
10	Bats	
11	Father	
12	Mother	
13	Parents Email	
14	Players Email	
15	Home Phone	
16	Cell Phone	
17	Date of Birth	
18	Other Sports	
19	Interests or Hobbies	

20 Please List High School or Summer Softball Awards and Accomplishments.

21 Please List Academic Awards or Accomplishments.

22 Do you need help making a video of yourself for college coaches?

**Community or Club Organization Sign-Up for 10% Discount
(Must have at least 10 Players)**

Club or Community Program Name

# Players	Players First Name	Players Last Name	Address	City	State	Zip Code	Cell Phone	Email Address	Cost
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									

- Total number of Players x \$90 if 10 or more players attend
- \$100 per player if less than 5 attend

Grand Total:
