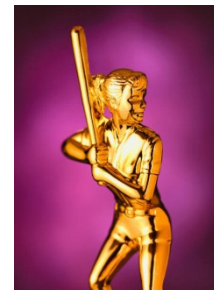




# 2016/2017 Softball 6-Week Winter Clinic Grades 1 to 8



*For more information contact*

Nora Bosmans

[nbosmans@holmdelschools.org](mailto:nbosmans@holmdelschools.org)

**Camp will be held in the Satz gym (6:00pm - 7:30pm)  
Skills that will be covered: Hitting, Bunting, Base-Running, and Defensive Techniques**

**Cost: \$100.00 for 6 weeks**

**MAKE CHECKS PAYABLE TO: HOLMDEL HIGH SCHOOL (memo: Softball)**

Please send all athletic registrations to:

**Attn: Athletics Department; Nora Bosmans**  
**Holmdel High School**  
**36 Crawford's Corner Road**  
**Holmdel, NJ 07733**

**Camp Dates**

Wednesday, **January 18<sup>th</sup>**  
 Wednesday, **January 25<sup>th</sup>**  
 Wednesday, **February 1<sup>st</sup>**  
 Wednesday, **February 8<sup>th</sup>**  
 Wednesday, **February 15<sup>th</sup>**  
 Wednesday, **February 22<sup>nd</sup>**

**Camp Director: Nora Bosmans**

This is Coach Bosmans' fifth year as the head coach for the Varsity softball team. In 2014, the Hornet Varsity softball team was a finalist in the Monmouth County Tournament White Division. As a player, Nora Bosmans was a four year Varsity starter for the Ocean Township Spartans. Throughout her tenure with the Spartans she was selected for 2<sup>nd</sup> team All-Shore her Freshman year while earning 1<sup>st</sup> team All-Shore her last three seasons. She was awarded 2<sup>nd</sup> team All-State by the *The Star Ledger*. She continued her playing career at Monmouth University where she was a two sport Division I athlete for the Hawks, playing both field hockey and softball.

**David Gurney**

David Gurney has been the JV coach the past five seasons for the Holmdel High School softball team. He also coached the Satz team before becoming the JV coach. In the eight years he has been coaching for Holmdel, he has provided assistance at each level of the program.

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 Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\*\* I understand that my participation in the 2016/2017 Softball Winter Clinic is voluntary. I also understand that while every effort will be made by the staff to protect the safety of the participants, the Holmdel Township Board of Education assumes no responsibility for any injuries or accidents that may occur. Each individual participant is doing so at his or her own risk, and by signing this document agrees to release the Holmdel Township Board of Education from any and all liability with respect to any injury or accident which may occur at the facilities.\*\*\*\*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_