

# **\*IHSA Suburban Softball & Baseball Clinic \***



**Sunday, February 5, 2012**

**8:00 AM - 2:00 PM**

Location : Rolling Meadows High School

2901 Central Road Rolling Meadows, IL 60008

## **5<sup>th</sup> Annual IHSA Certified Level I and II Clinic**

**Open to ALL IHSA Softball & Baseball Umpires :  
Novice to State-Series Umpires Regularly Attend**

### **Keynote Speakers**

**Matt Troha**, IHSA Assistant Executive Director & Softball Administrator  
**Dan Krueger**, 2010 & 2011 Softball State Finals Umpire-in-Chief

Doors open at 7:00 am for Registration

7am - 2pm:

Honig's and The Official Call will be selling official's equipment & uniforms



Advanced Registration (includes Lunch) : \$35.00 postmarked by 1/22/12

Registration at Door (Lunch will not be guaranteed) : \$45.00

Per IHSA Clinic guidelines, you must be in attendance from 8am - 2pm to receive Level I/II clinic credit - **NO EXCEPTIONS.**

*Attendees will receive IHSA clinic credit for either Softball or Baseball at the Level I or II track - credit will not be given for both sports*

## **Sun-2/5/12 IHSA Level I & II Clinic Highlights**

- \* Experienced IHSA Clinicians & IHSA State-Series Officials \*
- Learn from each other with interactive & unique training methods
- YOU MAKE THE CALL game-like situations in the Fieldhouse
- HS pitchers, catchers, batters - **bring your plate gear**
- Evaluation of your plate/base mechanics
- IHSA Administrator, Head Coaches Panel Discussion
- \* Raffle Prizes \*
- \* Lunch provided for all advanced registrants \*
- \* Honig's & The Official Call selling umpire supplies starting at 7:00 am \*

**Questions ??** Email: [info@playusf.com](mailto:info@playusf.com) Phone: 847-455-7788.

*Note: Your check will serve as your receipt and no other registration confirmation will be sent prior to the clinic.*

*Please do not send cash and mail registration form below & payment to:*  
Mail to: IHSA Certified Clinics, P.O.Box 801, Franklin Park, IL. 60131  
Make **\$35.00** check payable to: **Carl Berns**

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### **Sun-2/5 CLINIC ADVANCE REGISTRATION FORM**

*Enclose \$35.00 payment & form must be postmarked by 1/22/12*

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

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

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

Email: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Years of IHSA Umpiring Experience: \_\_\_\_\_

Clinic Level (circle each) : Level I   Level II   Softball   Baseball