Haverhill Girls Softball

One Day Fall Softball Clinic

With Robyn King & Sarah Jewett

Robyn is one of the leading softball pitching instructors in the region. A 2001 graduate of Boston University, Robyn was an outstanding pitcher and offensive player, twice earning All-New England honors. She is 2nd in BU's all-career record for innings pitched, wins, strikeouts and shutouts, and in the top 5 all-career for batting average, at-bats, hits, doubles and slugging percentage. Robyn has pitched professionally in Europe and with the Straford Brakettes, where she registered a 23-4 career record with 230 strikeouts in 192 innings and an ERA of 0.29	Sara played professional softball for the New England Riptide and Straford Brakettes. A standout player for the University of Maine, Sara was an All-League catcher for three seasons. She was awarded America East Player of the year in 2000 and was the first player in AEC history to win the triple crown, leading the league in home runs, RBI's and .409 batting average. As a college player she was ranked nationally in five categories and is the holder of 10 U-Maine softball records. Sara was recently inducted into the U-Maine Athletic Hall Of Fame

At Legion Farm Fields, Haverhill MA

All Skills Clinic

Sunday September 16th[th] 1-4, ages 8 -15
Hitting, Fielding, Base-Running, Pitching & Catching.

Pitchers & Catchers Clinic

September 16[th] 9am-noon, ages 8-15
Will cover proper pitching mechanics and pitches appropriate for age and experience.
Cathcing will include blocking and frameing pitches, infield defense and working with pitcher.

Limit of 25 players per clinic
Fee: $65.00 per clinic, $100.00 for both. Includes Drinks and T-Shirt.

Reserve your spot by mailing registration to:HGSL ATT: Michael Mell 67A Sullivan Rd Hudson, NH 03051 or call 603-365-7722 (please make checks payable to Haverhill Girls Softball)

Circle your choice: All Skills Clinic Pitchers & Catchers Clinic

Players Name: _____ Date Of Birth:_____

Street Address: _____ City: _____ Zip:____

Home Phone: _____ Email Address for notification: _____

Parents or Guardian Info: Name: _____ Work Phone:_____

Cell Phone: _____

I hereby cerify that my child is in good health and has my permission to participate in this program. I also give my permission for my child to receive and diagnostic, therapeutic and/or operative procedures as deemed necessary if emergenmcy treatment is required and I cannot be reached. I relize that this sport involves the potentialfor injury, and I acknowledge that even with the use of protective and observance of the rules, injuries may still occur.

Parent: _____ Date: _____

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www.haverhillgirlssoftball.com