



Date: January 20 & 21, 2019

Location: Mt. DeChantal Gym

Time: **Sunday, January 20** *Fielding, Throwing, Base Running*
11 am---2 pm (Ages 10-12 years old)
3 pm---6 pm (Ages 7-9 years old)

Monday, January 21 *Hitting, Pitching, Catching*
9 am---12 pm (Ages 10-12 years old)*
1 pm---4 pm (Ages 7-9 years old)

School Director: Bo McConaughy---Head Baseball Coach, Wheeling Central

Staff: Assistant Coaches and Central Baseball Players

Cost: *\$20 per day or \$40 for both days / \$25 at the door
Family Rates upon request by contacting one of the coaches listed below
*Pre-registration is recommended by Monday, January 14

Participants are asked to bring a glove and bat!

Make Checks payable to: *CCHS Baseball*
Mail application/payment: Bo McConaughy
33 Hurst Avenue
Wheeling, WV 26003

For additional information/questions:
304-280-2981 Bo McConaughy
304-231-4716 Jeremy McConaughy
304-281-8059 Jason Rowe
740-296-9821 Willie Clegg

Email: bmcconnaughy@cchsknights.org

Apply online at cchsknights.org
Go to the Athletic webpage and click on the Baseball School icon
OR

Detach and Return this application form and payment:

Child's NAME: _____

ADDRESS: _____

City _____ State _____ ZipCode _____ Child's Age _____

Phone : _____ Alt. Phone: _____

Email: _____

Attending: _____ Day 1 only (\$20)
_____ Day 2 only (\$20)
_____ Both Days (\$40) Amount Enclosed: \$ _____

T-Shirt Size---Circle: _____

Youth: S M L Adult: S M L XL XXL

I, parent and/or guardian, approve my child's participation in the Wheeling Central Baseball School. I waive and release all rights and claims for damages I may have against the school and / or for injuries suffered by my child in these activities. I attest and verify that I have full knowledge of the risks involved in these activities.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____