

# College of the Ozarks Baseball

## FALL PROSPECT CAMP (GRADES 10-12)

WHEN: SATURDAY, OCTOBER 7, 2017

TIME: 10 A.M – 4 P.M.

SATURDAY, OCTOBER 14, 2017

LUNCH BREAK: 12:30-1:30 (LUNCH IS NOT PROVIDED)

COST: \$75 (INCLUDES T-SHIRT)

The College of the Ozarks baseball program will be hosting a Fall Showcase Camp for interested players from the 2018, 2019 and 2020 graduating classes. *Each camp will be capped at 60 players – so register early.*

Each player will get to meet the Bobcats' coaching staff, be evaluated by the College of the Ozarks coaching staff and guest instructors as well as receive individual instruction.

The morning session will consist of timed 60's, fielding and throwing evaluations by position and batting practice. The afternoon session will be controlled scrimmages against live pitchers.

Each participant will be e-mailed an evaluation shortly after the conclusion of the camp and will receive verbal feedback from coaches on site.

If you have any questions, or to get a registration form, please contact assistant coach/recruiting coordinator Justin McMillin at [jmcmillin@cofo.edu](mailto:jmcmillin@cofo.edu) or 417-619-5118.

**COLLEGE OF THE OZARKS**  
**Showcase Registration Form**  
**(Registration ends Oct. 1)**

**Which Camp Are you attending:**

**October 7 \_\_\_\_\_ October 14 \_\_\_\_\_**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PREFERRED E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PLAYER'S CELL PHONE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

HIGH SCHOOL COACH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_ Primary position: \_\_\_\_\_ Secondary position: \_\_\_\_\_

**As a parent/guardian of the above listed athlete, I acknowledge that he is physically able to participate in the College of the Ozarks Baseball Camp. I also agree that I will not hold College of the Ozarks or instructors liable for illness, injury or property loss. I also authorize the staff to act in my child's best interest in case of an emergency.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Registration forms to:**

**College of the Ozarks  
Attention: Baseball Office  
P. O. Box 17  
Point Lookout, MO 65726**

**Make checks payable to:**

**College of the Ozarks**