Mackey Sasser Baseball Camp
For Ages 6-12
June 10-13, 2013
8:30 a.m. - 12:00 noon
Cost-$85

Camp attendees will learn the fundamentals of hitting, fielding, throwing, and base running. The camp will be conducted by Wallace Community College Head Coach Mackey Sasser, Assistant Coach Pete Coachman, and WCC baseball players.

Participants may be dropped off at the WCC baseball field between 7:45 and 8:30 a.m. The staff will be on-site for early arrivals.

Campers should report wearing shorts and tennis shoes, and must supply their own gloves, bats, and $2.50 each day for snacks (if desired). All campers will receive a camp t-shirt!

Use the registration form on back to register for the camp or register on-site at the baseball field.

For additional information, contact Coach Sasser at (334) 556-2416 or go to www.wallace.edu/athletics/baseball.
Mackey Sasser Baseball Camp
For Ages 13-16
June 17-20, 2013
8:30 a.m. - 12:00 noon
Cost-$85

Camp attendees will learn the fundamentals of hitting, fielding, throwing, and base running. The camp will be conducted by Wallace Community College Head Coach Mackey Sasser, Assistant Coach Pete Coachman, and WCC baseball players.

Participants may be dropped off (or can drive) at the WCC baseball field between 7:45 and 8:30 a.m. The staff will be on-site for early arrivals.

Campers should report wearing shorts and tennis shoes, and must supply their own gloves, bats, and $2.50 each day for snacks (if desired). All campers will receive a camp t-shirt!

Use the registration form on back to register for the camp or register on-site at the baseball field.

For additional information, contact Coach Sasser at (334) 556-2416 or go to www.wallace.edu/athletics/baseball.
REGISTRATION FORM FOR MACKEY SASSER BASEBALL CAMP

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parents Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

Mailing Address ____________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

Family Doctor ____________________________ Phone ______________

Person to call in case of emergency ____________________________ Phone ______________

Birthday ______________ Age ______________ Sex ___________

Mail Registration to: Mackey Sasser
Wallace Community College
1141 Wallace Drive
Dothan, Al 36303