

BASEBALL SKILLS CAMPS



Dans coaches and players will help your young player improve skills by teaching them new drills, mechanics and strategies. This camp is ideal for school-aged players looking for a well-rounded experience.

Two-Day Camps – Age 8 & up

Wed-Thurs – June 19-20

Mon-Tues – June 24-25

Tues & Thurs – July 9 & 11

9:00 am to

12:00 noon

**All Camps Held at
Historic Danville Stadium.**

**One-on-One lessons with the
coaches also available.**

**YES! Sign us up for the
2025 Baseball Skills Camps**



Name _____ Grade _____ Pos _____

Name _____ Grade _____ Pos _____

Name _____ Grade _____ Pos _____

Address - inc. City & ZIP _____

Parent's Cell Phone _____

Email _____

	<i>First Child</i>	<i>Add'l Camps</i>	<i>Add'l Children</i>	<i>Add'l Camps</i>
<u>Check each that apply</u>				
Wed-Thur, June 18-19	<input type="checkbox"/> \$85		<input type="checkbox"/> \$80 each	
Tues-Wed, June 24-25	<input type="checkbox"/> \$85	<input type="checkbox"/> \$75	<input type="checkbox"/> \$80 each	<input type="checkbox"/> \$70 each
Tues-Wed, July 1-2	<input type="checkbox"/> \$85	<input type="checkbox"/> \$75	<input type="checkbox"/> \$80 each	<input type="checkbox"/> \$70 each

Total Due \$ _____

Mail form and check (payable to Eric Coleman) to:
Danville Dans – 138 E Raymond – Danville, IL 61832
(or bring to first camp with check/cash)
Questions: email coleman21@hotmail.com
or call 702-994-5040

Parental Permission for: _____
 (name of child / children)

has my permission to participate fully in the Danville Dans Baseball Camps. I authorize the staff of the Danville Dans Baseball Camps to act for me in the event of any emergency. I hold harmless the staff of the Danville Dans Baseball Camps for all liability and responsibility for any injury incurred as a result of participation in camp. I understand that I am responsible for primary insurance coverage of my child.

 (Insurance Carrier)

 (Policy Number)

 Signature of Parent or Guardian