

Scot Hemmings Baseball Camp

Come enjoy a full week of baseball with Scot Hemmings at Albany State University (formerly the Darton State Baseball camp) for the 6th annual "Summer Baseball Camp." Your son/daughter will have the opportunity to spend an entire week with a very qualified camp staff.

Camps Dates: June 12th through June 16th and June 19th through June 23^d
Location: Albany State University-West Campus on Gillionville Road
Time: 9:00AM until 1PM Cost: \$100.00 or
Time: 9:00AM until 5PM Cost: \$150.00 (Extended Camp)

Please make all checks and money orders payable to Hemmings LLC and mail checks/cash/money orders to:

Hemmings LLC
2203 Star Lane
Albany, GA 31707

Contact Coach Scot Hemmings at 706-593-7975 or 706-888-4027 for more information. Space is limited so sign up fast.

Here are a few reminders regarding camp:

1. You son/daughter will need to arrive at the baseball field no later than 8:45 each morning and picked up no later than 1:15 PM each afternoon, unless they are participating in the extended camp, which runs until 5:00PM.
2. You will drop off and pick-up your child at the batting cage located in the right field corner of the baseball field.
3. Your child will need to bring a glove, hat, cleats or tennis shoes, bat, and sunscreen. They will need a bathing suit and towel for slip-n-slide Friday.
4. Please let us know if your child could possibly have an allergic reaction to food, ant bite, mosquito bite, etc.
5. Campers can either pack their lunch or purchase pizza from the concession stand.

We would like to thank each of you in advance for choosing our baseball camp as your first choice for baseball camp. We will take great care of your child and ensure their safety and well being each day they are here. Please feel free to call me at 706-593-7975 with any questions and/or concerns.

Sincerely,

Coach Scot Hemmings
706-593-7975

Registration Form

Child's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail _____

Please List who will or potentially will pick up your child from camp:

1. _____ Phone: _____

2. _____ Phone: _____

Please list emergency contact name and phone numbers:

Emergency Contact #1 _____

Emergency Contact #2 _____

Please list any allergies or other items Hemmings LLC needs to be aware of:

1. _____

2. _____

Please check camp or camp plus extended day:

Camp (9:00 to 1:00) \$100.00 _____ Camp plus extended day (9:00 to 5:00) \$150.00 _____

Check # _____ Cash _____ T-shirt size _____

In order to reserve a spot for your child, a \$50.00 deposit along with a completed registration form is required. Space is limited, so please return your deposit and application as soon as possible.