

SCW Warriors
Baseball Camp 2018



2018 Warrior Baseball Camp will be held at St. Charles West High School the week of June 11-15. There will be 1 camp offered to kids entering grades 4 – 9.

For more information contact Coach Kevin Bohnert at (636) 443-4251.

2018 Warrior Baseball Camp

GAC Champs—1982, 1999, 2001, 2002, 2003, 2007, 2009, 2014, 2015, 2017

District Champs—1985, 1994, 2001, 2002, 2003, 2004, 2006, 2014, 2015



Warrior
Baseball Camp
2018

TEL: (636)443-4251
E-Mail: kbohnert@stcharlessd.org
SCWWARRIORCAMPS.COM

St. Charles West High School
Attn: Kevin Bohnert
3601 Droste Rd.
St. Charles, MO 63301



2018 Warrior Baseball Camp

This is Coach Bohnert's 15th year as a baseball coach at St. Charles West High School, and his 9th as Head Coach. He and his coaching staff will be hosting one camp during the week of June 11-15. If you are going into grades 4-9, and are interested in attending the camp, please fill out, and mail in the enclosed application form, OR sign up online at SCWWarriorcamps.com Walk-up's are also welcome.



"Learn the fundamentals of the game"

Camp Information

Campers will need to bring:

- ◇ Glove, catching equipment
- ◇ Water
- ◇ Shoes (indoor & outdoor)
- ◇ Bat
- ◇ Helmet
- ◇ And wear proper baseball attire

CAMP Please enroll by June 10

Walk-ups Welcome the day camp begins

**General Baseball Camp
June 12-16 - 8:30 a.m. – 11:00 am
Tuition: \$65.00**

Instruction: Skill areas such as hitting, fielding, throwing, base running, offensive & defensive skills, situations, and game play.

Camp Instructors

**Coach Kevin Bohnert—Head Coach
Coach Jeremy Middendorf—Asst. Varsity Coach
Coach Ray Rico—JV Coach
SCW Varsity Baseball Players**



"Learn advanced techniques necessary to be more successful on the playing field."

*****Camp tuition includes instruction, fun competitions & a Baseball Camp T-Shirt.**

Baseball Camp Enrollment Form (Enroll by June 10 Walk up's Welcome)

Sign up for:	Time	Price
<input type="checkbox"/> General Baseball Camp June 11 -15	8:30-11:00	\$65.00

Subtotal: _____

Total: _____

I _____ give permission to treat my son in case of a medical emergency

Name _____ Grade going into _____

Address _____

City _____ Zip _____

Phone _____ School Currently Attending _____

High School Attending _____

Emergency Contact Name & Phone Number

SHIRT SIZE (ADULT) (one shirt per camper)

- Small
- Medium
- Large
- X-Large

**Make Checks Payable to:
St. Charles West Baseball**

And mail along with this application form, to the address at the bottom of this page.

St. Charles West High School
Attn: Kevin Bohnert
3601 Droste Rd.
St. Charles, MO 63301

Phone: 636-443-4251
kbohnert@stcharlessd.org