

SCW Warriors
Baseball Camp 2018



2018 Warrior Baseball Camp will be held at St. Charles West High School the week of June 10-14. There will be 1 camp offered to kids entering grades 4 – 9.

For more information contact Coach Nuru Allen (636) 443-4292.

2019 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
2019

TEL: (636)443-4292
E-Mail: nualen@stcharlessd.org
SCWWARRIORCAMPS.COM

St. Charles West High School
Attn: Nuru Allen
3601 Droste Rd.
St. Charles, MO 63301



2019 Warrior Baseball Camp

This is Nuru Allen's 1st year as the Head Coach at St. Charles West High School. He and his coaching staff will be hosting one camp during the week of June 10-14. 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 9

Walk-ups welcome the day camp begins

General Baseball Camp

June 10-14 - 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 Nuru Allen—Head Coach

Coach Ray Rico—Asst. Varsity Coach

Coach Jeremy Middendorf—JV Coach

Coach John Warnecke-C Team 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 10-14	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.

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