

**2017**

LITTLE LEAGUE® EUROPE &amp; AFRICA REGION

**KUTNO  
POLAND**

# Softball

## SCHOOL



- DATES:** 27-30 July (Arrival: 27 July. Departure: 30 July).
- LOCATION:** Little League Regional Center – Al. Malej Ligi 1, Kutno, Poland  
Tel. +48(24) 254 4569, e-mail: [europa@littleleague.org](mailto:europa@littleleague.org)
- FEE:** Free. Little League Softball will cover all costs for registered participants (housing, meals, clinic materials).
- REGISTRATION:** Via Registration Form (attached) by **July 1, 2017**. Number of participants is limited.
- REQUIREMENTS:** Participants must be 18 or older. All coaching skill levels are welcomed. Coaches do not have to be associated with Little League in order to participate.

**SCHEDULE:**

<b>Thursday, July 27</b>	All day	Arrivals
	19:00	Dinner, meet n' greet
<b>Friday, July 28</b>	8:30	Breakfast
	9:00–12:00	Classroom Instruction
	12:00	Lunch
	1:00–16:00+	Field work/skills/drills
	18:00	Dinner
<b>Saturday, July 29</b>	8:30	Breakfast
	9:00–12:00	Classroom Instruction
	12:00	Lunch
	1:00–16:00+	Field work/skills/drills
	18:00	Dinner
<b>Sunday, July 30</b>	9:00	Breakfast
	10:00-12:00	Tournament game instructions/practice/drills
		Departures

**2017 LITTLE LEAGUE SOFTBALL COACHES CLINIC**

**REGISTRATION FORM**

- Please return this form to the Little League Office in Kutno, Poland by e-mail: [Europe@littleleague.org](mailto:Europe@littleleague.org) , or by fax +48(24) 254 4571, or mail to Little League Baseball and Softball, Al. Majej Ligi 1, 99-300 Kutno, Poland **by July 1, 2017.**
- Registration forms will be accepted on first come, first served basis.
- Little League Softball will provide housing at Little League dormitories and meals according the clinic schedule.
- By signing this form, I confirm that I am 18 or older.

**PLEASE PRINT CLEARLY**

Your name: .....

Address: .....

Tel.: ..... E-mail: .....

Date and time of your arrival to Kutno:.....

Date and time of your departure from Kutno: .....

Years of experience as softball coach:.....

What are your greatest needs for clinic instruction: .....

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Your signature:.....

Date:.....

**Please note that you will receive more information about the clinic together with confirmation of your participation from the Little League office in Kutno, Poland.**