

**5<sup>th</sup> ANNUAL – SPRING BREAK BILLY BOWE BASEBALL CLINIC – 2025**

*Sponsored by PENFIELD LITTLE LEAGUE*

- Dates:** April 15, 16, 17, 2025 (Tues., Wed., Thurs.)
- Time:** 9:00am – Noon (Limit 60 campers)
- Site:** Bay Trail Middle School (1760 Scribner Road, Penfield, NY 14526)
- Ages:** 5 – 12 (Boy or Girl)
- Cost:** \$120 (Register online: [billybowecamps.com](http://billybowecamps.com) OR mail in registration below)
- Director:** Billy Bowe, Former Head Baseball Coach at McQuaid and Canandaigua
  - Section V Baseball Hall of Fame Member – Class of 2022
  - Hall of Fame Member at Victor (2018) & Canandaigua (2021) Schools
  - Overall Record: 308-115 (.728), League Record: 187-57 (.766)
  - Tenth Coach in Section V History to Reach 300 Wins
  - Three Section V Titles and Seven League Championships
  - Coach of the Year Six Times
  - Camp Director, Coach, Clinician and Teacher for over 35 years

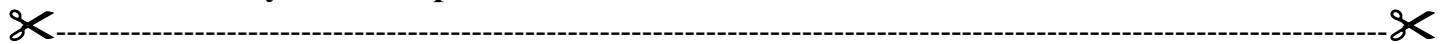


- Staff:** Skip Bailey: Former Head Coach at Monroe Community College (Jr. College Hall of Fame)
- Bob Lowden: Former Head Coach at Finger Lakes Community College
- Andy Struzik: Wayne HS / PLL Player Development
- Dan Wright: Rochester City Schools / PLL President
- Additional area High School Coaches

The clinic will cover the mechanics and techniques of hitting, bunting, throwing, pitching, catching, fielding and base running. Home run derby, hot box and games will also be played at the clinic.

**Any questions; email, [coachbowe@rochester.rr.com](mailto:coachbowe@rochester.rr.com) (or) call / text, 585-503-6181**

**\*\*\*Website: [billybowecamps.com](http://billybowecamps.com)**



**REGISTRATION FORM  
SPRING BREAK BILLY BOWE BASEBALL CLINIC – 2025**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Medical Issues:** \_\_\_\_\_

**Email (please print):** \_\_\_\_\_

**I approve of my child’s attendance at the Penfield LL Baseball Clinic and certify that he/she is in good health and able to participate in all camp activities. In case of an accident, injury or sickness, Penfield LL, Billy Bowe and Camp personnel are not liable and have my permission to use their best judgment in the care of my child. We/I, the parent/guardian, also understand that, we/I, are responsible for maintaining health insurance to cover any emergency, hospital or medical expenses.**

**Insurance Company:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**FOR MAIL in REGISTRATION:**  
Penfield Little League  
c/o Billy Bowe, Spring Break Baseball Clinic  
P.O. Box 39  
Penfield, NY 14526

**FOR OFFICE USE ONLY**  
Date Rec`d: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amt. Rec`d: \_\_\_\_\_