

PBR

PREP BASEBALL REPORT

Covering All The Bases of Illinois Baseball

Open I.D. Showcase

Open to all Classes

Saturday, February 13th

At The Max
McCook, IL



For more information visit us at
PrepBaseballReport.com

PREP BASEBALL REPORT

Covering all the Bases of Illinois Baseball

presents

OPEN I.D. SHOWCASE

SATURDAY, FEBRUARY 13, 2010

AT THE MAX MCCOOK ATHLETIC CENTER

FOR ALL INCOMING HIGH SCHOOL PLAYERS

Limited to the First 100 players

Dear Player and Coach,

You are cordially invited to attend the Prep Baseball Report's February Open I.D. Showcase for all incoming high school players. The Prep Baseball Report is subscribed by more than 220 colleges and the top performers at the event will be featured in the upcoming issue. Participants will also have their online profile created, along with video highlights from the event, which will go in our expansive player video center.

The Prep Baseball Report is the only publication that exclusively covers Illinois High School Baseball. The magazine is widely subscribed by college coaches and fans, and comprehensively covers the state. For more information about the Prep Baseball Report, please visit the website at www.PrepBaseballReport.com.

If you are interested in participating, please complete the attached form and return it as quickly as possible. The event is limited to the first 100 players registered. Past Prep Baseball Report showcases have sold out.

The event will be held at The Max McCook Athletic and Expo Center. The address is 4750 S. Vernon Ave, McCook, IL.

We look forward to seeing you on Saturday, February 13th.

847.281.9790

www.prepbaserballreport.com

EVENT INFORMATION

WHEN: Saturday, February 13th, 2010

WHERE: The Max (4750 S. Vernon Ave, McCook, IL)

TIME: Check in for Pitchers & Catchers is 8:15 a.m.-8:40 a.m.
Check in for Infielders & Outfielders is 11:15 a.m.-11:40 a.m.
Times subject to change

FEE: \$190 for one session, \$250 for both sessions
(Registration includes the current issue of the Prep Baseball Report, a numbered jersey, an online player profile, and personal online video)

WHO: All High School Players

FORMAT:

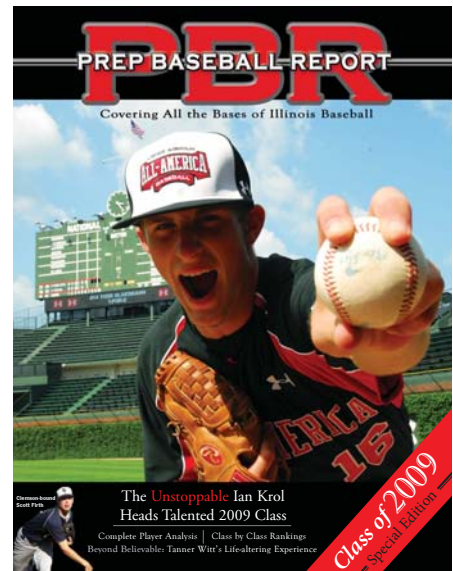
- Keynote Speakers: What scouts look for in showcase events; what is expected of you; etc.

PITCHERS AND CATCHERS:

- Stretching
- Pitchers' Bullpen
- Catchers' Pop Times
- Running Time (60 yards)
- Round of Batting Practice - Catchers Only - (Wood Bats)

INFIELDERS AND OUTFIELDERS:

- Stretching
- Infield-Outfield Position Throwing
- Running Time (60 yards)
- Round of Batting Practice (Wood Bats)



EXPOSURE:

The showcase will be featured in the following edition of the Prep Baseball Report, which is subscribed to by more than 220 colleges. Event information will also be posted on the Prep Baseball Report's website, at www.PrepBaseballReport.com. Top players will be identified and ranked.

NOTE: Players will receive numbered jerseys at check in.

CONTACT INFORMATION:

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FEB. 13TH- OPEN ID REGISTRATION

(please print and fill out completely)

CIRCLE WHICH SESSION YOU WANT

INFELDERS/OUTFIELDERS // PITCHERS AND CATCHERS // BOTH SESSIONS

PLAYER'S NAME: _____ PARENT'S NAME: _____

SCHOOL: _____ CLASS: _____

PRIMARY POSITION: _____ SECONDARY POSITION: _____ THROW: _____ BAT: _____ HEIGHT: _____ WEIGHT _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

*EMAIL (PRINT CLEARLY): _____

BASEBALL HIGHLIGHTS: _____

ACADEMIC HIGHLIGHTS: _____

Allergies/Medications/Health Concerns, Etc.: _____

Insurance Company: _____ Policy #: _____

I hereby authorize The Prep Baseball Report to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify ,The Prep Baseball Report and The Max of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical charges in connection with his/her attendance of the camp, before, during or while leaving any program. Please list any health or medical problems of registrant.

*WAIVER SIGNATURE (must be signed to participate) _____

**PLEASE MAKE CHECKS PAYABLE TO PREP BASEBALL REPORT
28427 N. BALLARD DR., UNIT A; LAKE FOREST, IL 60045**

**TOTAL \$ _____
CREDIT CARD**

PLEASE CIRCLE CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD: _____ CREDIT CARD # _____ EXPIRATION: _____

PHONE NUMBER: 847.281.9790 // FAX: 847.281.9795

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WWW.PREPBASEBALLREPORT.COM

