

# 2009 BIGFOOT BASEBALL COACHING CLINIC

November 14-15

## SCHEDULED TO APPEAR

**Mark Machtolf** Head Coach Gonzaga University

**Danny Evans** Assistant Coach Gonzaga University

**Steve Bennett** Assistant Coach Gonzaga University

**Donny Harrell** Head Coach Seattle University

**Donnie Marbut** Head Coach Washington State University

**Greg Swenson** Assistant Coach Washington State University

**Spencer Allen** Assistant Coach Washington State University

**Gabe Boruff** Assistant Coach Washington State University

**Lindsay Meggs** Head Coach University of Washington

**Greg Moore** Assistant Coach University of Washington

**Dan Ramsay** Head Coach Whitworth University

**Keith Snyder** Former Head Coach CC of Spokane

**Bobby Lee** Head Coach CC of Spokane

**Tony Byrne** Assistant Coach CC of Spokane

**Barry Matthews** Assistant Coach CC of Spokane

**Travis Warner/ John Troppmann** Strength Coaches CC of Spokane

**Among others...**



November 14<sup>th</sup> 9 am – 5 pm

November 15<sup>th</sup> 9 am – 2 pm

### At Spokane Falls Community College

- Discount hotel reservations through the Red Lion River Inn
  - Contact Amy Carr (509) 777-6304. Say you are a part of the Bigfoot Coaches Clinic
- Lunch will be provided on Saturday
- Clock hours will be available
- Coaches will receive clinic notebook

\*For more information contact

**Tony Byrne**

**(509) 533-3639**

**tonyb@spokanefalls.edu**

**www.athletics.spokane.edu**

# 2009 BIGFOOT BASEBALL COACHES CLINIC

## Registration Form

SINGLE COACH \$50 /\$65 after November 1<sup>st</sup>

NAME \_\_\_\_\_ SCHOOL/ LEAGUE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ Clock Hours Yes \_\_\_\_\_ NO \_\_\_\_\_

COACHING STAFF (Up to Six Coaches) \$200 per Staff /\$250 after November 1<sup>st</sup>

HEAD COACH \_\_\_\_\_ SCHOOL/ LEAGUE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO:  
CCS BASEBALL

MAIL REGISTRATION TO:

CCS Baseball Coaches Clinic  
MS 3070  
Spokane Falls CC  
3410 West Fort George Wright Dr.  
Spokane WA 99224-5288