





July 22- Unsigned Showcase Tryout

Prospective college players,

On behalf of the baseball coaching staff at the New Mexico Military Institute, I would like to invite you to attend our Unsigned Showcase Tryout on <u>July 22, 2019</u> at the NMMI Ball Park in Roswell, NM.

This showcase will give uncommitted <u>2019-2022</u> high school graduates the opportunity to display their baseball skills to the entire coaching staff at NMMI. The showcase will begin with a "pro-style" try-out and will conclude with a showcase scrimmage.

Participants will be emailed a post-showcase evaluation showing how their results rank against current/former participants as well as compared to historical NMMI fall rosters from the past 3-4 years.

The deadline for online registration will be July 19th & the Showcase will cost \$35.00 for single position players (hitter or pitcher) and \$50 for dual position players (pitcher & hitter). Checks should be made payable to:

NMMI Bronco Baseball

For more information, please contact:

Chris Cook

Head Baseball Coach New Mexico Military Institute cook@nmmi.edu, PH: 575-624-8282

ESTIMATED ITINERARY

*8:30 am - 9:30 am	(Hitters) Check in and Registration at NMMI Ball Park (Main Street across from campus)
9:40 am - 10:00 am	Dynamic Warm-Up
10:00 am - 12:40 pm	"Pro-Style" Try-Out (60 yd dash, Infield & Outfield Showcase, Pop Times, Exit Velocities using a RAPSODO machine, Home to 1st Times, & B.P.)
12:40 pm - 1:45 pm	Lunch Break (not provided by NMMI)
*1:00 pm	Pitcher Only Registration
1:30 pm - 1:45 pm	Pitchers & Catchers get loose
1:45 pm - 4:30 pm	Showcase Scrimmage Game (if possible)

SHOWCASE REGISTRATION

Please visit: www.nmmibaseball.com and click the Showcase Tryout Link.

If preferred, you may download and print the registration form. Please scan the completed registration form to Coach Cook at:

cook@nmmi.edu

Waiver Forms will be available at Check-In.

please note If you are a pitcher only, you may check-in at 1pm instead of 9am.

Please complete the infor	mation below a	and send picture/	scanned image t	to <u>cook@nmn</u>	<u>ni.edu</u>
NAME	GRAD YR	D.O.B	PHONE		
ADDRESS	AND DESCRIPTION OF THE PARTY.	CITY	33900	ZIP	
HIGH SCHOOL		G.P.A	_ SAT/ACT	RANK	
EMAIL_		POSITION 1	(\$35) POSI	TION 2 (\$ 15)	
SIGNATURE (parent if under 18)		INSURANCE Company:			
INSURANCE Policy #			Tall and the	DATE	
* All participants are required to have	e primary insurance o	overage and a SIGNED	WAIVER FORM (pare)	nt signature if u	nder 18