

# PROFESSIONAL DEVELOPMENT DOCUMENTATION

*Name of Provider:*

Be The Best, LLC

*Educator's Names:*

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*Professional Development Activity:*

Softball/Baseball Coaches Clinic

*Description of Professional Activity:*

The coaches learn fundamental & advanced techniques in all aspects of baseball / softball through lectures, demonstrations and drills. Presentations available online upon request to each speaker. A variety of exhibitors presenting fundraising opportunities, the latest in apparel, equipment & teaching aids available for coaches to review and/or purchase.

*Date:*

January 10, 11, 12, 2019 (Baseball)

January 17, 18, 19, 2019 (Softball)

*Location:*

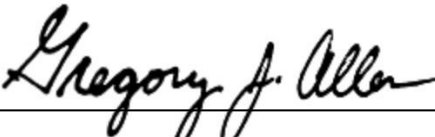
Crown Plaza – Cherry Hill, NJ 08002

*Presenter(s)/Facilitator(s):*

Professional & College Coaches

*Number of Actual Professional Development Hours:* \_\_\_\_\_

*I certify that the above named educators accrued the indicated number of Professional Development hours.*



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*Signature of Provider*