GENERAL INFORMATION

DATE: July 21-24, 2014
Monday - Thursday - 5:30 - 8:30pm

COST:
$105 per person
$45 NON-REFUNDABLE deposit with registration, balance of $60 is due on or before first day of camp.
Registrations received by 6/15/14 will include a free T-shirt!

Preparation is the key to success! Our experienced coaches and players will help prepare athletes for the upcoming season, whether the goal is to make the team, or be selected as a starter. The athletes will start in small-sided game situations and progress into full field scrimmages. The athletes are sure to benefit from the small group numbers that allow for immediate individualized feedback!

BE READY FOR A FUN, ACTIVE WEEK!
Dress appropriately—shorts, T-shirt, etc. Sneakers and/or turf shoes required, cleats are optional. Mouth guard and field hockey stick required. Water bottle & sunscreen recommended.

Make checks payable to Coach Stuckel's Camp
Mail to:
Kristen Stuckel, Muhlenberg College
2400 Chew Street, Allentown, PA 18104
484-664-3384
kstuckel@muhlenberg.edu

ADDITIONAL OPPORTUNITY
If you are interested in learning lacrosse or improving skills you already have, we have a great opportunity for you! Our Muhlenberg Residential/Commuter Lacrosse camp will be held June 29-July 2, 2014. Contact Kristen Stuckel for more information at 484-664-3384 or email: kstuckel@muhlenberg.edu.

REGISTRATION FORM
(Please Print)

Name: ________________________________
Address: ________________________________________
__________________________
E-mail: ________________________________
Age: ________ Grade in Fall: _______
School: ________________________________
Coach: ________________________________
Playing Experience (Level): __________________
Goalie: ____Yes ____ No
T-Shirt Size (Adult): S___ M____ L___ XL___

Due to ordering deadline, T-Shirt will only be given with registration received by 6/15/14.

COST: $105 per person
$45 NON-REFUNDABLE DEPOSIT per person due with registration, that will be deducted from total cost. A balance of $60 is due on or before first day of camp.

Total enclosed: $______________
Make checks payable to:
Kristen Stuckel
MEDICAL WAIVER

I certify that my daughter:

______________________________________,

has had a physical examination by a licensed physician within the last six months and is in sound physical condition for participation at the Turf Experience Field Hockey Camp. Also, I authorize the staff of the Turf Experience Field Hockey Camp to act according to their best judgment in an emergency that requires medical attention. I have adequate accident insurance coverage and hereby waive and release Kristen Stuckel and the Turf Experience Field Hockey Camp from any and all liability in the event of injury or illness requiring treatment, hospitalization and/or surgery.

Please list any medical needs that the staff should be aware of:

________________________________________________________________________
________________________________________________________________________
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__________________________      __________
Signature of Parent        Date

Kristen Stuckel
Muhlenberg College
2400 Chew Street
Allentown, PA 18104
Coach Stuckel's Camp

TURF EXPERIENCE

FIELD HOCKEY CAMP

At Muhlenberg College

JULY 21-24, 2014
MON-THURS 5:30-8:30 PM

Experience Field Hockey On the turf's quick surface!