

2010 MID-ATLANTIC FIELD HOCKEY CAMP

A tradition since 1978!

JULY 18 – 22 JULY 25 – 29

The MID-ATLANTIC FIELD HOCKEY CAMP is a sanctioned USA FIELD HOCKEY PARTNER CAMP.

Players from our camp may be selected for consideration for the "FUTURES PROGRAM".

The Mid-Atlantic Field Hockey Camp is held at the beautiful resort area of Cape Henlopen State Park in Lewes, Delaware. Enjoy the surf and sun on the white sands of the Atlantic Ocean during your afternoon beach break!

The Mid-Atlantic Field Hockey Camp has 7 regulation grass fields and a practice area.

OF SPECIAL INTEREST TO YOU & YOUR TEAM

You get: A **FREE** Field Hockey tank top when you check in. A special GOALIE'S CAMP – both sessions, a field hockey circuit championship, hockey skills contests each day, the FUTURES PROGRAM tryouts, outdoor movie showing available Monday/Wednesday evenings, beach break movie, an ice cream sundae night on Tuesday, an ALL STAR game, and a team tournament.

INFORMATION – CONTACT – FRANNIE SLABONIK

MID-ATLANTIC FIELD HOCKEY LLC, 50 FROG HOLLOW LANE, MOHNTON, PA 19540

PHONE - 610-855-8079 EMAIL – mafhc@dejazzd.com

***REGISTER ONLINE AT WWW.MIDATLANTICFIELDHOCKEY.COM**

Tuition is \$395.00 or the team rate of \$370.00 when 10 or more players attend from the same team.

Day camper rate is \$295.00; a non-refundable \$100.00 deposit must accompany each application.

Refund policy on the balance of payment:

Before June 1, full refund.

June 1 – June 30, half refund. After July 1, no refund.

The balance of payment is due before May 1st.

2010 ENROLLMENT FORM

(RETURN THIS SECTION TO THE CAMP OFFICE)

PRINT YOUR INFORMATION NEATLY AND DETACH THIS FORM AND SEND IT TO:

THE MID-ATLANTIC FIELD HOCKEY, LLC, 50 FROG HOLLOW LANE, MOHNTON, PA 19540,

INCLUDE A NON-REFUNDABLE \$ 100.00 DEPOSIT CHECK PAYABLE TO: MID-ATLANTIC FIELD HOCKEY LLC

CIRCLE YOUR CHOICE OF WEEK:

JULY 18 - 22 (Lewes, DE)

JULY 25 – 29 (Lewes, DE)

NAME OF CAMPER- _____ PLEASE CIRCLE - RESIDENT OR DAY CAMPER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # (_____) _____ EMAIL – _____

BIRTHDATE - _____ AGE - _____ GRADE ENTERING Next Fall - _____ CIRCLE POSITION- GOALIE FWD MIDI DEFENSE

YEARS OF EXPERIENCE – VAR.HS _____yrs/ JVHS _____yrs/ JUNIOR HIGH/MIDDLE SCHOOL _____yrs/ BEGINNER _____ yrs

SCHOOL'S NAME - _____ SCHOOL'S TEAM COLORS - _____

COACH'S NAME - _____ COACH'S PHONE NUMBER _____ EMAIL _____

SCHOOL'S ADDRESS- _____ CITY _____ STATE _____ ZIP _____

CIRCLE ADULT SHIRT SIZE S M L XL

PARENTAL AND INSURANCE INFORMATION

I UNDERSTAND THAT MID-ATLANTIC FIELD HOCKEY, LLC DOES NOT CARRY MEDICAL INSURANCE OR ACCIDENT INSURANCE FOR CAMPERS / STUDENTS, AND I HEREBY CERTIFY THAT MY CHILD/CAMPER, NAMED ABOVE, IS COVERED BY A PERSONAL INSURANCE POLICY OR IS INCLUDED IN A POLICY WHICH I HAVE IN FORCE. FUTURE, I HEREBY AUTHORIZE ROUTINE MEDICAL DISPENSARY CARE FOR THE ABOVE-NAMED CAMPER, AND I AUTHORIZE TREATMENT NOT CONSIDERED ROUTINE TO BE REFERRED TO LOCAL PHYSICIANS AND MEDICAL FACILITIES AT MY EXPENSE.

CAMPER'S NAME - _____ STATE OF BIRTH _____

NAME OF PARENTS- _____

PARENT'S ADDRESS- _____ CITY _____ STATE _____ ZIP _____

PRIMARY INSURERS INSURANCE COMPANY- _____ POLICY NUMBER- _____

PRIMARY INSURERS EMPLOYER'S NAME _____ PRIMARY INSURERS DATE OF BIRTH _____

DATE- _____ SIGNATURE OF PARENTS - _____

A \$ 100.00 DEPOSIT MUST ACCOMPANY THE APPLICATION (NON-REFUNDABLE). MAKE CHECKS PAYABLE TO: MID-ATLANTIC FIELD HOCKEY, LLC. MAIL TO: MID-ATLANTIC FIELD HOCKEY LLC, 50 FROG HOLLOW LANE, MOHNTON, PA 19540.