

MVP FIELD HOCKEY CAMP

REGISTRATION FORM

Website: www.mvpfieldhockey.com

Email: mvpfieldhockey@comcast.net

WEEK 1

JULY 23 – JULY 26

(RAIN DATE JULY 27)

4:30 PM – 8 PM

GRADES 4 – 12

AVALON REC. FIELD

WEEK 2

JULY 30 – AUGUST 2

(RAIN DATE AUGUST 3)

4:30 PM – 8 PM

GRADES 4 – 12

AVALON REC. FIELD

PRICING INFORMATION:

IF SUBMITTED **BY MARCH 31, 2012:**

PAY \$130 PER WEEK (\$240 FOR BOTH WEEKS)

IF SUBMITTED **BY JUNE 15, 2012:**

PAY \$140 PER WEEK (\$260 FOR BOTH WEEKS)

IF SUBMITTED **AFTER JUNE 15, 2012:**

PAY \$150 PER WEEK (\$280 FOR BOTH WEEKS)

CAMPERS WILL NEED TO BRING:

GOGGLES ←

FIELD HOCKEY STICK

SHIN GUARDS

MOUTH GUARD

WATER BOTTLE

New
requirement

DIRECTED BY BARBARA ANN WILSON MOSER

MAKE CHECKS PAYABLE TO: **MVP FIELD HOCKEY CAMP**

PLEASE SEND COMPLETED FORM AND FEE TO:

MVP FIELD HOCKEY CAMP

714 CHESSIE COURT

WEST CHESTER, PA 19380

HEALTH INSURANCE

NAME: _____

COMPANY: _____

HOME ADDRESS: _____

AGREEMENT NUMBER: _____

CITY/ STATE / ZIP: _____

GROUP NUMBER: _____

HOME PHONE: (_____) _____

INJURIES: _____

EMERGENCY PHONE: (_____) _____

ALLERGIES: _____

WEEK: 1 OR 2 OR BOTH (PLEASE INDICATE)

AGE WHILE AT CAMP: _____

I hereby authorize the staff to act to their judgment in any emergency requiring medical attention. I hereby release the M.V.P. Field Hockey Camp and Avalon Community Center from any liabilities or illnesses incurred while at camp. I also will not hold M.V.P. Field Hockey Camp responsible for any weather conditions. And I understand that M.V.P. Field Hockey Camp will not be responsible for refunds due to weather.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____