

# Hunterdon Central Field Hockey

## Booster Club Presents:

### Fall Clinic Skills and Drills

Saturday October 8, 2011

Beginners to Seasoned Players



The clinic will emphasize fundamental skills and drills essential to success on the field hockey field. From the beginner, who has never held a stick, to the more experienced 8th grader— participants will learn specific drills to improve their skill level of play and help prepare them in the 2011 season. The staff and players are volunteering their time and talent in the cause to assist the progress and quality of Field Hockey and support the 2011 high school booster club efforts. *For those players who have never had an experience to play, we have equipment for you to use.*

**Who:** Girls grades 5-8

**Where:** Hunterdon Central Regional High School Stewart Field (Turf field )

(Rain Date will be established if needed; If inclement weather call (215) 962-2132))

#### Time & Cost:

1:00 – 3:00 Grades 5-6 \$25.00

Registration 12:45 – 1:00

3:00 – 5:00 Grades 7 - 8 \$25.00

Registration 2:45 – 3:00



**This Clinic will be run under the direction of Head Coach Jennifer Sponzo as well as Varsity and Junior Varsity players**

**Mail Check to:** Michele Engelhart

6 Sutton Farm Road

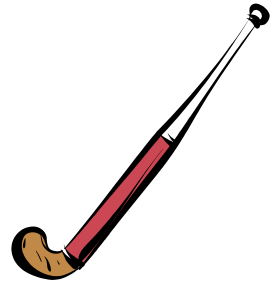
Flemington NJ 08822

**Payable to:** Red Devils Field Hockey Booster Club

**Registration  
form on back**



# Registration Form



Questions: Email: Michele Engelhart [michele\\_engelhart@sra.com](mailto:michele_engelhart@sra.com)

•Participant Name: \_\_\_\_\_

•Grade: \_\_\_\_\_ School: \_\_\_\_\_

•Position ( if known) \_\_\_\_\_

•Experience Level: \_\_\_\_\_

•Address: \_\_\_\_\_  
\_\_\_\_\_

•Home Phone: \_\_\_\_\_

•Cell Phone Contact: \_\_\_\_\_

•Email : \_\_\_\_\_

•Parent / Guardian name: \_\_\_\_\_

With my signature below:

- I verify the above information is accurate to the best of my knowledge
- I authorize Hunterdon Central's coaching staff to provide medical treatment for my child if necessary.
- I verify that my child may participate in the Hunterdon Central Girl's Field Hockey Skills and Drills Clinic, and that my authorization does not conflict with any medical advice or concerns expressed by my child's physician.

\_\_\_\_\_  
Parent / Guardian printed name

\_\_\_\_\_  
Parent/ Guardian Signature