

***BLACK SQUIRREL
LACROSSE
2009***



Girls' Overnight Camp

Grades: 10th- Pre College

June 17th-19th

***Haverford College
Haverford, PA***

***DIRECTOR
Julie Young***



1st Season at Haverford College

- 2009 Centennial Conference Coach of the Year
- Former Assistant Coach at University of Pennsylvania
- US Team Member 2001-2004
- 3 x All American at Princeton University

PHILOSOPHY

The Black Squirrel Lacrosse Overnight Camp is for players entering grades 10-pre-college who are looking for an intense and challenging camp experience. All sessions will be run like a college practice and emphasis will be placed on advance game concepts and strategies. Campers will develop greater confidence in their abilities and a real love for the game.

***LOCATION
Swan Field***

Camp will be held on the serene campus of Haverford College located just outside of Philadelphia. Campers will play on our brand new turf field, Swan Field.

SCHEDULE

Wednesday, June 17th

***Afternoon Session 1:00-4:00pm
Dinner 5:00-6:00pm
Evening Session 6:00-8:00pm***

Thursday, June 18th

***Breakfast: 7:30-8:30am
Morning Session: 9:00-11:30am
Lunch 11:30-12:30
Afternoon Session 1:00-4:00pm
Dinner 5:00-6:00pm
Evening Session 6:00-8:00pm***

Friday June 19th

***Breakfast: 7:30-8:30am
Morning Session: 9:00-11:30***

EQUIPMENT NEEDED

***Stick, Goggles, Mouthguard
Cleats/Sneakers
GK- must bring own equipment***

Camp Fee: \$325

(Cost includes instruction, meals, insurance, reversible pinnie, and water bottle.)

Registration on June 17th 11:30am-12:30pm

Camp Ends June 19th at 11:30am

Payment:

Checks or Cash are the only accepted form of payments and must be paid in full with application.

Please make check payable to: Black Squirrel Lacrosse Camp

Cancellations:

If cancellation is received by Monday June 8th, all but \$50 of the camp fee will be returned. Cancellation after the date will result in the forfeiture of the entire fee.

For more information contact:

Julie Young

jsyoung@haverford.edu

610-896-1118

(cut here and return)

REGISTRATION INFORMATION

Camper's Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell number: _____ # to be reached during camp if different: _____

Parent's Name: _____ Parent's Email address: _____

School: _____ Grade Entering Fall 09: _____

Beginner: yes or no Years Played: _____ Position: _____

Please mail to: Julie Young
Black Squirrel Lacrosse Camp
370 Lancaster Avenue
Haverford, PA 19041
FAX: 610-896-4220

Release Form & Medical Form will be sent upon receipt of application.