Typical Day:

5-5:20pm Warm up

5:20-5:50pm Skills

5:50-6:50pm Stations

6:50-7:05 Water break

7:05-7:50pm Game Play

7:50-8:00pm Cool down

See you 6/24/24 on MHS turf field!!

"These materials are neither sponsored by nor endorsed by the Board of Education of Frederick County, the superintendent, or this school.







Please send cash and check payments to:

MHS Athletic Boosters Attn: Michelle Buhrman 4861 Fox Tower Rd Smithsburg, MD 21783

2024 Middletown Field Hockey Camp

Sponsored by the MHS Sports Club

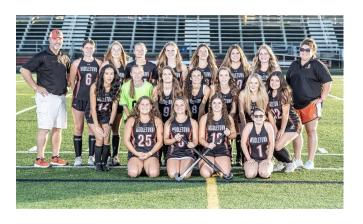


June 24-June 27
Monday—Thursday
5-8pm
Grades 1-9
Price: \$75/Player



What to Bring:

Field Hockey stick (we will have some older ones if needed to borrow)
Mouth guard (2)
Shin guards
Sneakers
Cleats/turf shoes (if wanted)
Goalkeeping equipment (can be loaned out)
Sunscreen
Water bottle
Gatorade



Parent Guardian

2024 Field Hockey Camp Application	Michelle Buhrman- Camp Director
Name	MHS Varsity Field Hockey Coach 11 years of coaching experience David Zeltwanger 3 years of coaching experience Also featuring: Current and graduating MHS Players
Address	
City State Zip	
Home Phone	
Parent's Work/Cell Phone	
Entering Grade Age	
School Attending (Fall 2024)	
Parent/Guardian Names	Field Hockey Alumni
Email address	
Camp Fee due by 6/5/24	
Make checks payable to:	
MHS Athletic Boosters	
No refunds after 6/10/24	Please return application to: Michelle Buhrman 4861 Fox Tower Rd Smithsburg, MD 21783 Please email questions to: Michelle.buhrman@fcps.org
T-shirt size: youth/adult (circle one)	
Circle one:	
YM YL AS AM AL AXL	
Emergency Contact/Phone number	
Physicians Name/ Phone Number	
/	
By signing below, I grant permission for my child to participate in the Middletown Field Hockey Camp sponsored by MHS Athletic Boosters. My child has no known medical conditions that would prevent her from participating in this camp. I release, the Middletown Field Hockey Camp, Middletown High School, FCPS, and The Middletown Athletic Boosters and its officers, coaches, and staff from any legal responsibility in the event of an accident, injury, or death involving my child while participating in this event. It is further understood that there is a \$25 returned check fee.	
Signature Date	