



Montville Recreation Department's
FIELD HOCKEY
CLINIC
 Fall 2019



WHO: Girls, Grades 4-5 in September 2019

WHAT: A clinic format to teach the sport of Field Hockey.

REQUIRED EQUIPMENT: 1. **Shin Guards**
 2. **Mouth Guard**
 3. **Field Hockey Stick (The Rec Dept has some that are available for use.)**
 4. **Face Goggles (this is a SAFETY ISSUE!)**

WHEN: Mondays and Wednesdays: September 11, 16, 23, 25, October 2, 7, 9 & 16 (No: 9/30, 10/9 & 10/14) from 5:15pm to 6:00pm

WHERE: Montville Community Park Turf Field, 130 Change Bridge Road, Montville

COACHES: Coaches Van Koppen & Dickert

FEE: \$60.00 per person.

NOTE: There will be a \$20.00 processing fee for program refunds PRIOR to program start!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

1. In Person on the Rec Desk Kiosk (Check, Cash with No Fees and/or Credit Card with a 3% Fee)
2. On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)
3. Payment Drop Box in Municipal Building's Parking Lot (Check Only....must have family page set up on Community Pass)
- OR** 4. Snail Mail (Check Only....must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



FIELD HOCKEY CLINIC — Fall 2019

Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Cell Phone # _____

Secondary Contact Name/Relation/Cell Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

***Do you need to borrow a hockey stick? YES or NO**

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this class.
 I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (7/10/19): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 824**