



Pee-Wee Outdoor Lacrosse Clinic

Expose your "Little Warrior" to America's first and fastest growing sport. These four sessions are designed to teach boys and girls the fundamentals of this fast-paced and exciting game. This is a non-contact program and no protective equipment is necessary. In addition, this program also stresses the importance of teamwork and good sportsmanship.

For: Bridgewater-Raritan Residents – Boys ages 4 years old to 1st grade. Girls ages 4 years old to 2nd grade. Boys and girls play together.

When: Saturdays, May 2, 9, 16, & 30 from 4:00 to 5:00 pm
In case of inclement weather, the makeup date will be June 6, 2009

Where: Bridgewater Middle School (BRMS) - Grass

Cost: \$40.00 Bridgewater-Raritan resident participants who need to purchase a lacrosse stick or \$30.00 for participants who already own a stick.
Checks made payable to "Bridgewater Lacrosse Inc."

For more information contact M.G. Hollingsworth at (732) 764-8896 or check out our website at: www.bridgewaterlacrosse.com.

Registration Deadline: Friday, April 3, 2009 ^
by 5:00pm at the Recreation Department

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 100 Commons Way) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located in front of the Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday www.bridgewaternj.gov

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2009 Spring Outdoor Pee-Wee Lacrosse Clinic

\$40.00 Bridgewater-Raritan Residents need stick or \$30.00 don't need stick
Checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____ First Name: _____ Circle Gender: Male or Female

Mailing Address: _____ Town: _____ Zip: _____

Home Phone #: () _____ Parent Cell #: () _____

Parent's First & Last Name: _____ Parent's Work #:() _____

Parent's E-mail Address: _____ Child's Date of Birth: ___/___/___ Child's Age as of 5/2/09: ___ Current Grade as of May 2009: ___

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date

