Tuition

- $150 per camper
- Sibling Discount: $130 per camper
- A $75 non-refundable deposit must accompany the application. The remaining balance is due prior to participation in the camp.
- Please make checks payable to: BergieSports

Tuition includes:
- Individualized Instruction
- Energetic and Qualified Staff
- Camp T-Shirt
- Use of State-of-the-Art Field Turf Surface
- Athletic Trainer on Site

Campers must provide their own lunch
Water and Gatorade will be provided
But please bring a water bottle.
Bergie Sports Field Hockey Camp at Utica College

Activities

Fundamental Skills
- Hitting
- Receiving
- Ball Control/Stick work
- 1 v 1 Defense/Offense
- Teamwork

Goalkeeping
- Footwork/Agility
- Basic/Intermediate Skills
- Drills

Special Situations
- Corners
- Long Hits
- Free Hits

Small Games

Staff

Sarah Bergmann
Drew University ’05
Utica College Head Field Hockey Coach

Brittney Paye
William Smith ’08
2007 First Team All-American
Utica College Assistant Field Hockey Coach

Utica College Varsity Field Hockey Players

Schedule

Monday-Thursday:
9:00 AM—3:00 PM

Thursday 2:30 PM Camp Awards

Philosophy

Bergie Sports Field Hockey Camp strives to make every day at camp a fun and exciting learning experience. The staff will focus on each individual camper, helping her to learn and grow as a field hockey player.

Contact Information

Field Hockey Office: 315.792.3776
Skbergmann@utica.edu

Application

All participants must have a parent or guardian signature in order to participate.

Player Name___________________________
Address_______________________________
City__________________________________
State____ Zip____________
Phone_______________________ Age_____
School________________________________

Positions Played___________________________
Grade Entering in ‘09____

Application Deadline, June 20th, 2009

Parent Permission

I grant permission for my child to participate in all aspects of Bergie Sports Field Hockey Camp at Utica College. I certify that my child is physically able to participate and that I will assume responsibility for all medical costs. Furthermore, I authorize the director and the athletic trainer to act for me according to their best judgment in any emergency requiring medical attention.

Parent Name (print)_______________________
Signature________________________________

Emergency Contact________________________
Emergency Phone_________________________
Insurance Carrier__________________________
Policy Number____________________________