

Central Bucks

Summer Lacrosse Shooting and Dodging Clinics

CB East players Chris Vetter and Jackson Burns will be hosting shooting and dodging clinics this summer, come improve your game.....

Instructors:

Chris Vetter

- CBAA
- Twist
- CB EAST Varsity – 3 Year Letterman
- 1st Team High School All American
- 1st Team SOL Conference, 2-Time
- 1st Team All-EPSLA
- Penn –Star U13 & U15
- 205 All-Star
- Hot Beds All-Star – MVP
- Attending Towson University in the fall, where he will play lacrosse

And other guest instructors who played locally.....

Session Dates:

All Sessions will be held from 9:30am to 11:00am

- Tuesday June 26th and Thursday June 28th
- Tuesday July 10th and Thursday July 12th
- Tuesday July 17th and Thursday July 19th
- Tuesday July 24th and Thursday July 26th

*****Rain dates are the following Wednesday or Friday.**

Location:

5230 Carversville Road
Doylestown, PA

Other local field locations may be used depending on the number of players registered for the clinic.

Payment:

- 4 Sessions: \$90.00
- 8 Sessions: \$175.00
- Per Session payment is \$30.00

******* We encourage all players to attend regardless of position. All Long poles and Defenseman should learn to dodge and shoot.***

Questions please contact:

Chris Vetter @ cvetter33@gmail.com
Phone: 267 882 5687

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Registration Form (please print neatly)

Name: _____

Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Position: Attack / Midfield / Defense / LSM

Circle all that apply

Release Authorization Statement:

This note must be signed by a parent or guardian. We acknowledge that this is an activity in which our child is participating voluntarily and understands that there will be risk of injury. In consideration for our child being permitted to participate in the activity, we hereby assume all of the risks and waive any possible claim that we have against anyone associated with these clinics, employees, directors and/or coaches in conjunction with this activity. I further acknowledge that the above named individual is covered by health insurance.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please make checks payable to: **Chris Vetter**
Mail Checks and Registration form to:
3658 Newbolt Court, Doylestown PA 18902