**DART HOCKEY CLUB SUMMER CAMP!**

**[](http://www.pitchero.com/clubs/dart/)**

[**www.pitchero.com/clubs/dart**](http://www.pitchero.co#m/clubs/dart)

* Tuesday 4th and Wednesday 5th August 2015
* 10am to 3pm
* For ages 8 to 14 years
* £22 per day or £40 for both days *\*to include a Dart Hockey Club T-Shirt\**
* Held at KEVICCS Astro pitch, Totnes
* Outfield and Goal Keeper Training
* The summer camp caters for children of all abilities in the U10, U12 and U14 age groups. We will be providing age and ability specific skills training, through drills and match situations as well as playing a fun tournament at the end of each day.

Please bring sufficient drink, a packed lunch and suitable clothes for the weather (hopefully it will be warm and sunny!)

**\*Shin pads and gum shields required\***

Sticks can be provided if you do not have your own

To book your son or daughter on one or both of the summer camp days, please complete the form below and return it before Monday 20th July with payment to:

Annie Quartley, Danes, Dornafield Lane, Ipplepen, Newton Abbot TQ125TS. Scanned booking forms (with electronic payment) can be emailed to [anwen@quartley.co.uk](mailto:anwen@quartley.co.uk)

For further information, contact Annie on 01803 812876/07966446097 or email [anwen@quartley.co.uk](mailto:anwen@quartley.co.uk)

[](http://www.activedevon.org/default.asp)[](http://www.englandhockey.co.uk/)[](http://www.englandhockey.co.uk/page.asp?section=76&sectionTitle=ClubsFirst)

**Dart Hockey Club Summer Camp - Booking Form**

Child’s name: Date of Birth:

Address:

Email:

Date attending (please tick):

* Tuesday 4th August
* Wednesday 5th August
* Both

Emergency Contact Details:

Name: Number:

Relationship to child:

Any medical conditions:

Parental consent (please tick each box as appropriate):

* I agree to my child taking part in Dart Hockey Club Summer Camp.
* I confirm that my child does not suffer from any medical conditions other than those listed above.
* I agree to my child being photographed for local publicity and for the Dart Hockey Club website.
* I agree for my child to be given basic first aid by the trained first aider, should this be necessary.

Parent/Guardian signature: Date:

Payment Enclosed:

Cheques made payable to Dart Hockey Club. Payment by bank transfer to Lloyds TSB Acc No. 00143937 Sort code 30-96-06

If in the unlikely event that the summer camps are cancelled, a full refund will be given.