

LEHIGH VALLEY FIELD HOCKEY
COLLEGE/ADULT SUMMER LEAGUE

League Structure

Full-field games will consist of two 20 minute halves with a 5 minute half-time. League is eight weeks.

Where: Muhlenberg College, Scotty Wood Stadium

When: Wednesday evenings, 5-8 PM.

Games will begin on the hour.

May 27-July 15

Who is eligible: All interested college and adult Players. **High schools seniors that graduated in 2009 and are playing at the Division III level in the fall of 2009 are not eligible.**

Rules: NCAA Rules

Officials: Will be provided

Available: Athletic Trainer and ice.
BRING YOUR OWN TAPE!

Deadline: As soon as league is full.

Uniforms: T-shirts will be provided for each player. Goalies must wear a different color shirt. Sneakers and/or turf shoes are recommended.

Entry Fee: \$95/individual

You may sign up as a Core Team of 14 players, or as an individual.

Make checks payable to Megan Eddinger,
Mail in Entry Fee along with Registration Form to:

Megan Eddinger
Muhlenberg College-Athletics
2400 Chew St.
Allentown, PA 18104

Schedules: Once the league is full schedules and rosters will be sent out to each player.

Directions & Parking

From I-78/Rt. 309: Take the Cedar Crest Blvd. exit. Take Cedar Crest Blvd. North to Hamilton Blvd. Make a right onto Hamilton Blvd.. At your second light, Turn left onto Ott St. Take Ott St. Liberty St. Make a right onto Liberty St. Continue for 5 blocks and you will see our stadium on the right.

From Rt. 22: Take the Cedar Crest Blvd. exit. Make a left off the exit ramp and follow Cedar Crest Blvd. to Tilghman St. Make a left onto Tilghman St. Make a right at your first light onto Ott St. Take Ott St. to your first stop sign and make left onto Liberty St. Continue for 5 blocks and you will see our stadium on the right.

LVFH SUMMER LEAGUE 2009

College/Adult Registration Form

Name: _____

Age: _____ Year in School _____

Street: _____

City: _____

State: _____ Zip: _____

Cell Phone Number: _____

Emergency Contact/Phone Number:

Email Address: _____

College: _____

Position: _____

Individual _____

Team Member _____

Name of Core Team: _____

Shirt Size-Circle One

Adult S M L XL

Please list any medical needs the staff should be aware of: