



Kate Markgraf

Kristine Lilly

Golden Experience Soccer Camp

Three Gold medals
Three World Championships
Two great Players

One Unforgettable Experience

Come learn from the best as Women National Team Players Kristine Lilly and Kate Markgraf teach you the skills that make them two of the best players in the world.

Only 100 Campers

Weeks Field, Newton, MA

August 30th and 31st 2006

5 pm – 8 pm

Ages 7 to 13

Boys and Girls

\$150 per camper – includes
T- shirt &
Autographed Player Cards

Make Checks out to: Kristine Lilly and Kate Markgraf

Mail checks to: Kristine Lilly and Kate Markgraf
36 Hancock Street Apt 7A
Boston, MA 02114

*Campers should bring a ball, shin guards and water

*Upon receipt of your registration form, a confirmation letter will be emailed.

For more information email: markgrafkathryn@yahoo.com

“Golden Experience” Soccer Camp

COME TRAIN WITH

OLYMPIC GOLD MEDALISTS

KRISTINE LILLY AND KATE MARKGRAF!

ONLY 100 CAMPERS

Where: Weeks Fields, Newton, MA
When: August 30th and 31st 2006
Time: 5-8pm
Ages: Girls & Boys - Ages 7 to 13
Camp Cost: \$150.00, includes T-shirt and autographed player cards

Registration Form:

Camper's Last Name: _____
Camper's First Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Gender: _____
Birth date: _____
Age: _____
Parent(s) Name: _____
Home Phone: _____
Work Phone: _____
Email Address: _____
Emergency Contact (name and phone): _____
Relationship: _____
Doctor's name: _____
Doctor's Phone: _____
Chronic conditions (allergies, etc.): _____

PARENTAL CONSENT

By my signature, I give consent for my child _____ to participate in the program administered by Kristine Lilly and Kate Markgraf. In case of emergency, I give Kristine Lilly and Kate Markgraf permission to seek medical attention deemed necessary for my son/daughter while he/she is participating with Kristine Lilly and Kate Markgraf during the time period of August 30th and 31st, 2006. I agree to hold harmless and indemnify Kristine Lilly and Kate Markgraf and other staff members and the town of Newton for all the damages. I also understand that Kristine Lilly and Kate Markgraf retain the right to use photographs or video of the participants for publicity purposes only.

Parent Signature: _____ Date: _____.

Additional Information:

Upon receipt of the registration form and \$50 non-refundable deposit, a confirmation email will be sent to you. For directions to Weeks Field, please see: www.newtongirlsoccer.org/fields/index.htm. A professional trainer will be on staff for the duration of the camp. Send registration forms to: Kristine Lilly and Kate Markgraf, 36 Hancock Street, Apt. 7A, Boston, MA 02114