

Lacrosse Coaches' Clinic

Date: January 25, 2013

Time: 6:00 pm - 9:00 pm
Registration begins at 5:30 pm
See Breakout Sessions Below

Cost: \$20 per Coach by January 11; \$25 after
Cost includes pizza & beverages and
FREE LACROSSE GIVEAWAYS!

Coach Backgrounds Include:

Members of US Lacrosse Teams

Professional Lacrosse
Players and Coaches

Division I Players
Won NCAA titles

Baltimore Lacrosse Hall
of Fame Members

Special Clinic Features:



*Shawn Nadelen
Head Coach Men's
Lacrosse Towson
University*

- Clinicians include College & Pro players from Harford County!
- Shawn Nadelen & Staff—Head Coach Men's Lacrosse Towson University
- Anthony Gilardi—Offensive Coordinator
- Dan Cocchi—Defensive Coordinator

Clinic Sessions for Coaches:

| Time | Sessions |
|-------------------|---|
| 5:30 - 6:00 pm | Registration; Refreshments |
| 6:00 pm - 6:45 pm | Lacrosse 101: How to get the most out of your practice including topics on fundamentals (Drills hosted by Frank Mezzanotte & Buck Sharretts) |
| 6:45 pm - 7:30 pm | Q&A Session with panel of local high school coaches (North Harford- John Grubb, Fallston- Mark Parks, Patterson Mill- Jason Bellamy) |
| 7:30 pm - 9:00 pm | Coach Nadelen & Towson University Lacrosse Staff will present: Offensive Techniques & Drills, Defensive Techniques & Drills, and Face-Off Techniques & Drills |
| 9:00 pm | Social Networking at Bull on the Beach |

Questions? Email **Chris Fielder**
at cfielder@thearenaclub.com.

Register at
www.thearenaclub.com

BRINE



 **the
Arena
club**

2013 Lacrosse Coaches' Clinic

Registration

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (H) _____ WK/CELL _____

EMAIL ADDRESS _____

PROGRAM INTEREST: ☐ elementary ☐ middle REFERRING REC COUNCIL _____

PAYMENT INFORMATION:

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____

CREDIT CARD TYPE _____ # _____ EXP _____

I accept full responsibility for use of any and all apparatus, facility privilege or service whatsoever owned and operated by this club at my own risk and shall hold this club, its shareholders, directors, offices, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

SIGNATURE _____ DATE _____