MOSHER MCGRAW LACROSSE



**“**The purpose of these clinics will be to improve the players fundamental lacrosse skills such as: Passing, Catching, Ball Handling, Shooting, Dodging & Defense. Additionally, working on Pick & Roll offense and defense systems.**”** – Jake Mosher McGraw

Clinics will be located at the Belyea and Gorman Arenas through the month of June 2018.

**Clinic Coach:** Jake, a Saint John native, plays field lacrosse in the NCAA for The University of Tampa Spartans. (2017 & 2018) He also plays box lacrosse in the ECJLL for the New Brunswick Mavericks. (2016, 2017 & 2018)

**Achievements:**

* 2018 NCAA Division II All-American
* 2018 NCAA SSC First Team All Star
* 2017 ECJLL First Team All Star
* 2017 NCAA SSC Second Team All Star

**Dates, Locations & Age Groupings**

**Tyke & Novice:**

Monday June 4th @6pm Belyea Arena

Sunday June 10th @10am Gorman Arena

Monday June 11th @6pm Belyea Arena

Friday June 15th @6pm Gorman Arena

Wednesday June 20th @6pm Gorman Arena

Monday June 25th @6pm Gorman Arena

**Peewee & Bantam**

Monday June 4th @7pm Belyea Arena

Sunday June 10th @11am Gorman Arena

Monday June 11th @7pm Belyea Arena

Friday June 15th @7pm Gorman Arena

Wednesday June 20th @7pm Gorman Arena

Monday June 25th @7pm Gorman Arena

**Details:**

* Registration fee is $60
* Payment options include: E-transfer to: [jakemcgraw@zoho.com](mailto:jakemcgraw@zoho.com) or cash payment
* Deadline for payment is Saturday June 2nd
* Fees do not apply for goalies.
* FLA Team Coaches are encouraged to come on the floor and watch the practice drills for their own teams.

Registration Form

Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: Tyke Novice Peewee Bantam

FLA Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stick Hand: Left Right

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Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment method:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Email this Form to [jakemcgraw@zoho.com](mailto:jakemcgraw@zoho.com) if interested\*\*\*