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# Matt Monfett

## 3 Village Lacrosse Camp

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For BOYS & GIRLS Pre K & Up

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### Camp Sessions

Session 1: Aug 1st -Aug 5th

Session 2: Aug 8th-Aug 12<sup>th</sup>

Full Day 9:00-2:30 (\$375)

**Responsible  
for own lunch**

Half Day 9:00-12:00 (\$275)

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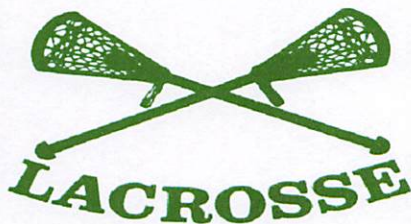
### Extras

Free lax pinnie  
Daily raffles/giveaways  
Snacks and ice pops

### Camper responsibilities

Arrive on time  
Must supply own mouthpiece,  
equipment, proper footwear  
**A personal water bottle  
recommended**

**Full day campers must bring  
own lunch and snacks**



### Experience

3x high school All American

Ward Melville's all time leading scorer (370 pts)

2x high school state champ 1999, 2000

Duke University 2001-2003

ACC champs 2001-2002

Loyola University 2003-2005

All- ECAC

Collegiate All American/Academic All American

North/South College All-Star



### COACHING

-Sachem HS 2006-2008 Varsity/Junior Varsity  
-East Hampton HS 2008-2011 Varsity/Junior Varsity  
-Miller Place HS 2014 Varsity/Junior Varsity  
-Three Village Travel 2011-Present  
-Matt Monfett Lacrosse Camp 2012-Present  
*Certified in First Aid CPR AED*

### Location

**MURPHY JUNIOR HIGH SCHOOL**  
351 Oxhead Road  
Stony Brook, NY 11790

### Contact

Matt Monfett  
631-455-0429  
[matthew.monfett@gmail.com](mailto:matthew.monfett@gmail.com)

### To register by mail:

**Send Check (Made to Matt Monfett):**

*Include Registration Form/Medical  
Release with Payment*

Matt Monfett  
19 Lynhaven Place  
South Setauket, NY 11720

**Or online at:**

[www.mattmonfettlaxcamp.com](http://www.mattmonfettlaxcamp.com)

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

Phone# \_\_\_\_\_

Age/Grade \_\_\_\_\_

Half/Full Day \_\_\_\_\_

Position \_\_\_\_\_

Session(s) \_\_\_\_\_

#### **Medical Release**

I recognize the risk inherent with my child's participation in this program. I unconditionally release Matt Monfett Lacrosse Camp and its employees from any and all liability and claims that may result from his participation in this program. In case of injury or illness, I give permission for my child to be transported to and receive medical treatment at a local medical facility and I guarantee payment of all expenses for that treatment.

Parent/guardian \_\_\_\_\_

date \_\_\_\_\_