

# The Complete Soccer Experience 2009

Presented By:  
UK Elite Soccer

## In Association with Mantua Twp SA



### Schedule 2009

Dates	Days	Location	Time	Ages	Cost
July 27-31	Mon -Fri	Mantua Twp Soccer Complex @ Chestnut Branch Park	5:00 - 6.30pm	8-9 yrs	\$60
July 27-31	Mon -Fri	Mantua Twp Soccer Complex @ Chestnut Branch Park	6.30 - 8:00pm	10-12 yrs	\$60

### Program 2009

#### Monday and Tuesday:

**Brazilian Technical** - Improving your all-round game using the same methodology as the Brazilian national team!

#### Wednesday and Thursday:

**PACE** (Power, Acceleration, Co-ordination & Explosiveness) - Improving speed, strength, stamina and sharpness with a soccer ball!

#### Friday:

**Goal Scoring**— Become a match winner! Learn to strike the ball correctly and improve your all round finishing with power and accuracy

### PARENT INFORMATION (Please print)

Name of Parent \_\_\_\_\_  
 Street \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
 Cell/Work Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

### PLAYER / REGISTRATION INFORMATION:

Place #	Name / Last	Name/ First	D.O.B	Price \$
1				
2				
3				
4				
			Sub Total	
			Total	

### PAYMENT INFORMATION:

Payment Method (Please Select) Check  Cash  Other

\*Make Check Payable to: M.T.S.A

### WAIVER INFORMATION:

I certify that my child(ren) is/are in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K.Elite Soccer Inc, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. Note: Please include relevant medical information in writing with this application.

Signed \_\_\_\_\_  
 Date \_\_\_\_\_

**To sign up for this Program please fill in the registration form and mail it to:**

**M. T.S. A, PO Box 11, Mantua, NJ 08051**

**Any questions please contact Brian @ 494 3045**

For office Rec'd \_\_\_\_\_ Chk#/Auth \_\_\_\_\_ Comp \_\_\_\_\_