

OTHER CAMPS METROPLEX WIDE

# GARLAND [Sponsored by G.S.A.]



# SOCCER CAMPS



Winters Soccer Complex 1601 Spring Creek Dr., Garland, TX. 75040

For Boys & Girls 4-16 + Teams or Groups of any age (10 or more)

**At Winters Soccer Complex - July 14 - 18**

<b>#G1 Regular Camp</b>	<b>Ages 4-14</b>	<b>6:00pm - 8:30pm</b>	<b>\$80</b>
Emphasis on basic skills/touches • First touch • Execution • Small-sided games • Vision.			
<b>#G2 Goalkeeper Camp</b>	<b>Ages 6-16</b>	<b>6:00pm - 8:30pm</b>	<b>\$90</b>
From the basics to: Diving/Recovery • 1v1 • Distribution • Communication • Game-play.			



**Bobby Moffat**  
 10 years pro player England,  
 9 years pro Dallas Tornado-N.A.S.L.  
 English F.A. Coach  
 U.S. 'A' Badge Coach  
 Author, "Basic Soccer Guide" and "Intermediate Soccer",  
 Head Coach Flame United Soccer Club, Dallas, Tx.  
 Dallas area resident since 1970

Players receive: Quality coaching, T-Shirt, Certificate, Competitions, Critique in a supervised, nurturing, & progressive environment, where they learn while having fun!

Coaches send your team(s) or Group (10 or more) & you receive:  
 T-Shirt, Team Critique, a 'Soccer Pouch' (Bobby's coaching system) & a \$20 ball!... plus every player receives a discount!

**Discounts**  
 (One per camper)  
**Evening Discounts**  
 • (\$5 off each for group/team of 10 or more mailed/handed in together)  
 • (\$5 off for second or more family members after 1st has paid full price)

For further information call Bobby at: **972/699-3653**

**Mail application(s), with full payment & a stamped, self-addressed envelope to:**

**Moffat Camp P.O. Box 830086 Richardson Tx 75083-0086**

**A confirmation & information letter will be sent to you**

For more applications & other camp dates & locations visit us on the web  
**www.soccermoffat.com**

**T.S.C. 2008 SOCCER CAMP APPLICATION FORM**

Please reserve my place in Camp #

For Office Use Only

Check # \_\_\_\_\_ Fam. Members \_\_\_\_\_

# in Group \_\_\_\_\_ Full Payment \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_ / \_\_\_\_\_ Cel# \_\_\_\_\_ / \_\_\_\_\_ Bus. Phone \_\_\_\_\_ / \_\_\_\_\_

Emergency #'s \_\_\_\_\_ E-mail \_\_\_\_\_

Group/Team Organizer's Name & Phone (if applicable) \_\_\_\_\_

PLEASE PRINT CLEARLY

**Each application must be accompanied by Full Payment - Payments made out to: Techniques Soccer Camp**

Does your child have any allergies or other limitations we should be aware of?  Yes  No If yes what? \_\_\_\_\_

**IMPORTANT -Please Read Carefully!!**

1. In case of accident or sudden illness, I request Techniques Soccer Camp to contact me. In the event I cannot be reached, I hereby authorize Techniques Soccer Camp to contact my child's physician and if deemed necessary, I hereby authorize Techniques Soccer Camp to transport my child to the physician I have listed below, or to a local emergency room. I understand that this release is good only for the period my child is in camp.

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

2 My child has permission to attend Techniques Soccer Camp and I hereby release Moffat Enterprises Inc. (MEI), Bobby Moffat and his staff as well as any co-sponsoring agencies from any liabilities, damages or injuries, not covered by insurance, which occur during the week my child attends camp

**Parent's / Guardian's Signature (for medical release and permission to attend camp)**

