

**Bring a Ball  
Shin Guards & Water**



# Paris Soccer Camps

**for Boys & Girls 6 - 19 • July 14 - 18**

**At Paris Soccer Fields - On S. Collegiate (behind Paris Jnr. College)**

**REGULAR CAMP**

**# P1 -For ages 6 thru U11      8:00am to 12:00pm daily      Cost \$100**  
Emphasis on basic skills • Execution • Small-sided games • Vision.

**SELECT LEVEL CAMP**

**# P2 -For ages U12 thru U19      4:30pm to 8:30pm daily      Cost \$110**  
Recommended for high school players, building from camp # P1 • For players who can perform the basic skills satisfactorily in game situations, are coachable & seek the higher level.



(\$10 Discount for second or more family members)  
(\$10 Discount each for group/team of 10 or more handed in together)  
(\$ 5 Discount each for group of 6/9 or more handed in together)  
(Only one discount per camper)



**Bobby Moffat**

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

Certificates • Competitions • Critique • Awards • T-Shirt  
Structured Curriculum • Small-sided games • Coaching in the game  
Positive reinforcement • Superior coaching • Learn While Having Fun !!!  
Parents, Coaches, Referees, Administrators, etc welcome to observe  
Coaches - send your teams • Learn with your players



**For information call: 972/699-3653 or 903/785-0144**

**Mail application(s) as well as a stamped, self-addressed envelope to:  
Moffat Camp c/o 1030 SE. 29th, Paris, Tx. 75460**

**Get Ready For  
The Fall Season**

**SIGN UP ONLINE**

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

**Please reserve my place in Camp #**

For Office Use Only

Check # \_\_\_\_\_ Fam. Members \_\_\_\_\_  
# in Group \_\_\_\_\_ Check amount \$ \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_ / \_\_\_\_\_ Cell# \_\_\_\_\_ / \_\_\_\_\_ 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)**

