

**BOBBY MOFFAT'S ANNUAL
2010 SPRING BREAK**

Carrollton & Dallas



SOCCER CAMPS

For Boys & Girls



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",
Dallas area resident since 1970

March 15-19



In Carrollton At American Indoor Soccer Center

Camp A 9am - Noon ages 5-12 \$130

In Dallas At Sole Roll Indoor Soccer Center

Camp B 9am - Noon ages 5-12 \$130

Bring a Ball, Shin Guards & Water

Certificates • Competitions • Awards • 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 team(s)**



For information call: 972/649-7933

Cancellations - Refunds

7 days before camp - total less \$30
Less than 7 days - no refund.

Mail application(s) as well as a stamped, self-addressed envelope to:

Moffat Camp P.O. Box 966 Allen Tx 75013-0016

Sign up on line at www.soccermoffat.com

MUST BE FILLED OUT Soccer Camp-Clinic Registration & Release Form (For N.T.S.S.A. Association)

"The recruiting of players for the benefit of any individual, team, club and/or organization is strictly prohibited. Any person having knowledge of any player recruitment at or through this soccer clinic, camp, academy, private lesson, etc., would report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth Commissioner shall deal with the alleged violation in accordance with NTSSA Rule 3.10. (Recruiting is any action or statement, made by anyone, either verbally or in writing, that encourages or entices a player to register with a particular coach, team and/or organization.)"

I HAVE READ AND DO UNDERSTAND THE PRECEDING DISCLAIMER

Spring 2010

Parent Signature _____ Date _____ Player Signature _____ Date _____

Players Current Team Name _____ Players Home Soccer Association _____

2010 SPRING BREAK SOCCER CAMP APPLICATION

Please reserve my place at S/B Camp A B

For Office Use Only :

Date Received _____ Amount \$ _____

CK M/O

Name _____

Address _____ City _____ State _____ Zip _____ Age _____

Birthdate _____ Sex _____ Home Phone _____ Cell Phone _____ Bus. Phone _____

E-Mail _____ Fax _____ Emergency # _____

PLEASE PRINT

Payments to: Moffat Enterprises Inc. (MEI)

Credit Card sign-ups online only at soccermoffat.com

Each application must be accompanied by full payment Check # _____ Amount _____

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)**

