

BOBBY MOFFAT'S ANNUAL 2008 SPRING BREAK



For Boys & Girls
ages 5 - 14

Soccer Academy
On Reverse Side

SOCCER CAMPS

In Plano & N.Dallas/Richardson

Indoor and outdoor facilities



March 10-14	NORTH DALLAS	Fretz Park/Fretz Rec. Center, 6950 Beltline Rd. Dallas, Tx. 75254 - 214/670-6203
Camp A	9am - 5pm ages 5-14	\$165
Camp B	9am - 1pm ages 5-14	\$115
March 17-21	PLANO	Williams Rec. Center (Williams Hg. Sch.), 1717 Avenue P, Plano, Tx. 75074 - 972/941-7167
Camp C	9am - 5pm ages 5-14	\$165
Camp D	9am - 1pm ages 5-14	\$115

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

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)

Bring a Ball,
Shin Guards
& Water



Sign up on line at
www.soccermoffat.com

For information call: 972/699-3653 Fax: 972/680-1625
Please mail application(s), full payment & a stamped, self-addressed envelope to:
Moffat Camp P.O. Box 830086 Richardson Tx 75083-0086



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

Parent Signature _____ Date _____ Player Signature _____ Date _____
Players Current Team Name _____ Players Home Soccer Association _____

2008 SPRINGBREAK SOCCER CAMP APPLICATION FORM

For Office Use Only : OL
Date Received _____ Amount \$ _____

C/C CK M/O

Please reserve my place at S/B Camp A B C D

Name _____
Address _____ City _____ State _____ Zip _____ Age _____
Birthdate _____ Sex _____ Home Phone _____ Cell. Phone _____
Bus. Phone _____ E-mail _____ Emergency # _____

PLEASE PRINT
Each application must be accompanied by full payment Cash _____ Check # _____ Credit Card # _____
Exp. Date _____ Name on Card _____ Amount _____

Payments to: Moffat Enterprises Inc. (MEI)
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)

