

BOBBY MOFFAT'S 2008



TEXOMA [Sponsored by Texoma Soccer Assoc.]

SOCCER CAMPS

For Boys & Girls 4-16 / Teams 10 or more any age



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!

Evening Camp at Grayson County Airport Fields - June 23 - 27

#T1 Regular Camp Ages 6-14 5:30pm - 8:30pm \$80
Emphasis on basic skills/touches • First touch • Execution • Small-sided games • Vision.

#T2 Select Level Camp Ages 9-16 5:30pm - 8:30pm \$90
For players seeking the higher level: Min.-touch play • Vision • Decision making • Movement.

#T3 Goalkeeper Camp Ages 6-16 5:30pm - 8:30pm \$90
From the basics to: Diving/Recovery • 1v1 • Distribution • Communication • Game-play.

#T4 Foundation Camp Ages 4-5 6:30pm - 8:30pm \$80
Dribbling • Stopping • Pull-backs • Kicking • Games • Ball & body coordination.

Sign up deadline June 18th

For further information call: 972/699-3653 or 903/271-9004

**Mail application(s), plus full payment & a stamped, self-addressed envelope to:
Moffat Camp at: P.O. Box 45, Pottsboro, Tx. 75076**

Campers Bring: Ball, Shin-guards, (Snack, optional) & Water

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

Discounts
(One per camper)
Discounts
• (\$5 off each for group/team of 10 or more mailed/handed in together)
• (\$5 off for second or more family members)

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

SIGN UP ONLINE

T.S.C. 2008 SOCCER CAMP APPLICATION FORM

Please reserve my place at Texoma Camp #

For Office Use Only

Check # _____ Fam. Members _____
in Group _____ Full Payment \$ _____

Campers Name _____

Address _____ City _____ State _____ Zip _____ Age _____

Birthdate _____ Sex _____ Home Phone _____ / _____ 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)

