REGISTRATION FORM

Football NSW would like to invite you to attend our Football NSW School Holiday Camp.

Our School Holiday Camp is the start of the FNSW Player Pathway Program and will provide all players aged 5-13 years with the chance to be coached by qualified FNSW Instructors.

Football NSW expert curriculums will teach the essential skills necessary for future football success. These skills are the foundation for technical ability. Camps focus on Technique, Ball Control, Speed, Agility, 1 v 1, Small Sided Games and FUN!

All identified School Holiday Camp players will be invited by FNSW to our Open Trials for our Grassroots Development Program (GDP) or Junior Development Programs (JDP). These programs are run in various venues all over Sydney Metropolitan area.

FOOTBALL NSW SCHOOL HOLIDAY CAMPS

Each player at the camp will receive the following:

- 12 hours (4 x 3 hour days) of expert instructions
- FNSW High Performance Unit Camp Certificate
- 10 week Personalised Home Training Program
- FNSW Apparel– Soccer Ball and Playing Strip (as displayed with logo)
- Identified players will be invited to trial for our GDP or JDP programs.

WHERE	TIME	DATE
Seaforth Oval, SEAFORTH	9am-12noon	WEEK 1
Wakehurst Parkway		Mon 4th - 7th July 2011

FOOTBALL NSW LTD
235-257 Meurants Lane, Glenwood NSW 2768
PO Box 6146 Baulkham Hills BC NSW 2153

PH: 8814 4414 / 8814 4423 **MOB**: 0433 976 821 **FAX**: 8814 4484 **EMAIL**: mattr@footballnsw.com.au or benw@footballnsw.com.au

Send your registration form, credit card details/cheque/cash/money order for $170.00 (includes GST) to FNSW.

PLEASE NOTE:
Closing date **TUESDAY 28/06/11**
No applications will be accepted on the day

NOTE: FAMILY DISCOUNT every second child attending
the camp will pay only $130. eg $300 for 2 players

Player's Name: _____ D.O.B:_____
(Please print neatly to ensure information on your child's certificate is correct)

Mobile: _____ E-Mail:_____ Cost: $170 (inc GST) **CAMP**

Gear Size (Please tick): Size 6 ____ Size 8 ____ Size 12 ____ Size 16 ___ Size Sml ____

Please Charge my: _____Amex _____MasterCard _____Bankcard _____ Visa

Expiry Date: ...../..... Card Holder's Name: ..... Signature:.....

(Please note a credit card surcharge of 1.5% for Visa MasterCard and 2.5% Amex applies)