SCHOOL HOLIDAY CAMPS

School Holiday Camps

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.

Players attending our School Holiday Camps who show potential as a footballer, Will be invited by FNSW to trial for our Grassroots development program (GDP) or Junior development programs (JDP). These programs are run in various venues all over Sydney Metropolitan area.

Each player at the camp will receive the following:

- 12 hours (4 x 3 hour days) of expert instructions
- Football / T-Shirt / Certificate
- 10 week personalised home training program to work on throughout the school term. This can be downloaded on our website.
- Identified players will be invited to trial for either our GDP or JDP programs.

WHERE	**TIME**	**DATE**
Seaforth Oval, SEAFORTH Wakehurst Parkway	9am-12noon	WEEK 2 Mon-Thurs 12th—15th April

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

PH: 8814 4414 / 8814 4436 MOB: 0419 494 024 FAX: 8814 4484 EMAIL: benw@footballnsw.com.au

Send your registration form, credit card details/cheque/cash/money order for $155.00 (includes GST) to FNSW.

***SAVE time, Register online at "*www.footballnsw.com.au**

PLEASE NOTE:
Closing date **TUESDAY 30/03/10**
No applications will be accepted on the day

NOTE: FAMILY DISCOUNT every second child attending the camp will pay only $125. eg $280 for 2 players

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

Address: _____

_____Post Code: _____

Date of Birth: _____ Phone: _____Venue: Seaforth Oval

Mobile: _____ E-Mail:_____ Cost: $155 (inc GST) **CAMP**

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)