



1st Annual KINGSWAY YOUTH SOCCER CLINIC

- **WHEN:** Saturday August 14th
- **WHERE:** Kingsway Regional H.S Soccer Fields (Behind School)
- **3-SESSIONS:** **Age Group:** **Times:**
- **Micro Mini:** 5-6 Year Olds 8 am - 10 am
- **Travel Teams:** 7-8 Year Olds 11 am - 1 pm
- **U-10 thru U-15:** 9-14 Year Olds 2 pm - 4 pm (No Freshman)
- **COST:** \$30.00 (7-14 Year Olds), \$25.00 (Micro Mini) Includes Clinic T-shirt
- **Note:** \$5.00 late registration fee
- **Note: Kingsway Ball-boy sign-up: Yes I am interested:** _____
No: not interested: _____

INSTRUCTORS

-JOHN GREEN

-BRENT DODULIK

-BRIAN McCANN

-GREG SAWICKI

-IAN NOVZEN

-VARSITY TEAM MEMBERS

HEAD BOY'S COACH, KINGSWAY HIGH SCHOOL

ASST. COACH, KINGSWAY HIGH SCHOOL

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(MAIL OR E-MAIL REGISTRATION FORM w/check A.S.A.P. to address or e-mail address below, LIMITED SPACES AVAILABLE)

NAME: _____ **AGE:** _____ **League: (Micro-Mini, Travel, U-10-U-15)** _____

ADDRESS: _____ **ST:** _____ **ZIP:** _____

SHIRT SIZE: YOUTH or ADULT: (CIRCLE) SM: ___ **MED:** ___ **LRG:** ___ **XLG:** ___ **XXLG:** ___

PHONE #: ___ - ___ - ___ **E-MAIL ADDRESS:** _____

MAKE CHECKS PAYABLE TO: KINGSWAY GOALS CLUB

MAIL TO: Attn: Denis Magerr or
C/O Kingsway Goals Club
109 Robins Run East
Logan Township, NJ 08085

smagerr@yahoo.com
greenj72@comcast.net

*****NOTE: LIMITED AVAILABLE*****

NOTE: *Mandatory Waiver must be signed with registration form*

Waiver: