**WHIT HALF TERM COURSE**



**COURSE DATE : Monday 30th May – Wednesday 1st June (3 Days)**

**COST : £50 - 3 days. ( 1 Day £20 ). AGES: 4 – 12.**

**TIMES: 9.30am – 3pm. ( Early drop off from 8.30am for £2 )**

**GOALKEEPER FUN DAY. SPECIFIC GK COACHING FOR YR 3 - 6.**

**COURSE DAY: Tuesday 31st May.**

**COST: £25 for GK day. TIMES: 10AM - 3 PM**

**VENUE: Gresford Memorial Hall. ( Indoor & outdoor)).**

Why not join the North West’s leading soccer school for an action packed soccer course. The course caters for Boys and Girls, whether your child is a beginner or star of the future, our programme is a great way of having fun, learning new skills and making new friends in a safe secure environment. All Pro-Skill Soccer coaching staff are fully qualified, insured and DBS cleared. For more details visit: [www.proskillsoccer.co.uk](http://www.proskillsoccer.co.uk/)

To book your place simply fill in the slip below and send with payment of **£\_\_ to Pro Skill Soccer, 36 Pant Olwen, Gresford, Wrexham, LL12 8ES**. Cheques should be made payable to: **Pro-Skill Soccer.**

**There will be a £10 discount for siblings if booked only on the 3 days.**

**THE CHILDREN BOOKED ON THE COURSE WILL GET TO EXPERIENCE ALL OF THE EXCITING FOOTBALL INFLATABLES WHICH CANT BE MISSED!!!**

All children will need to bring a packed lunch and drinks for the day. **All children will also needs suitable clothing and footwear for Indoor & Outdoor football.**

**HOTLINE: 07732648043**

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Chosen days? Course . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Total Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical requirements should accompany this form in writing.