



**JAMIE HARNWELL SCHOOL
HOLIDAYS FOOTBALL CLINICS**

Jamie Harnwell School Football Clinics are proud to present the April school holiday clinics for boys and girls to learn and improve their soccer skills and meet Perth Glory and other international soccer players. The clinic programs are designed by Jamie Harnwell and are aimed at improving individual soccer skills and social skills while encouraging sportsmanship. There are two clinics to choose from with part of each enrolment going to the club that is hosting that particular clinic at their grounds. Every participant will also receive a soccer pack and be able to meet and quiz professional soccer players from Perth Glory. So come and meet Perth Glory players, support soccer in the local community and have some fun these school holidays.

14th – 16th April 2009

CLINICS	SOCCER CLUB	TIME	LOCATION
Clinic 1	Sorrento Football Club	9.00-12.00 am	Percy Doyle Reserve, Cnr Warwick Rd & Marmion Ave Duncraig

21st – 23rd April 2009

CLINICS	SOCCER CLUB	TIME	LOCATION
Clinic 2	Nedlands Football Club	9.00-12.00 am	Nedland Football Club, Charles Court Reserve, Nedlands

*When filling out the enrolment form please circle the clinic you would like to attend.

Cost

\$85 per player

Payment

Payment is to be sent with enrolment form. Payment can be made by cash, or cheque. Cheque made out to Frontier Sport.

Enquiries

For any enquires please contact:

Justin McMillan 0401 023 287 justin@frontiersport.com

Come join the fun and learn new skills

Enrolments open for ages 6 to 13 years.

To enrol in the Soccer4kids please fill in the enrolment form below and send to:

Jamie Harnwell School Holidays Football Clinics
PO Box 958
Subiaco WA 6904

Enrolments close:

Week 1 Monday 6 April 2009.

Week 2 Monday 13 April 2009.

Please provide your email address so we can notify you of your enrolment and send out any further information.

Enrolment Form

1. I/We would like to enroll

Players name: _____ Age: _____

into Soccer4kids at (Please tick one);

Clinic Clinic 2

2. Parent/Guardian Details

Name: _____ Address: _____

Phone: _____

Mobile: _____ Email: _____

3. Player Medical Information

Medical Conditions of player: _____

Emergency Contact number: _____ Emergency Name: _____

4. Is child registered to a club:

yes no Club Name (if yes): _____

5. Privacy and Consent

Please tick if you would like receive information on any events and programs organised by Soccer4kids

I consent for Soccer4kids to use photographs of my child for promotional purposes.

6. Parent/Guardian Signature:

Signature: _____ Date: / /