

2020 FOOTY & SOCCER CLINICS

Kew Region

STARTING APRIL 18TH 2020



www.viccric.com.au

TERM 2 of SATURDAY MORNING FUN & GAMES

Vic Footy & Soccer clinics provide **boys & girls** aged 4-11 with the opportunity to participate in a fun, safe and non-competitive game environment. And due to popularity, a Soccer clinic is again offered at KEW. By applying an age appropriate curriculum focusing on the fundamentals of the games the Clinics will:

ENCOURAGE social-interaction >>> **BUILD** skill level >>> **GROW** self-esteem

Vic Footy/Soccer SATURDAY MORNING CLINICS run for a period of eight weeks involving 1 hour of personalized tuition on Saturday mornings. There are two time slots for football and one for soccer:

AFL FOOTY 8:30am – 9:30am & 9:30am – 10:30am

SOCCER 10:30am – 11:30am.

Each session is comprised of approximately 60-70 children, and divided into seven to eight groups, with 1 coach to (approx.) 10 players. Children are divided into groups according to their age and skill level:

Beginners, Juniors, Intermediate & Advanced.

A FEE of \$120 per child, covers eight weeks of coaching. A trophy is presented to those who have completed 4, 8 or 12 seasons.

ENROL NOW! TERM 2 STARTS 18th April

To secure your place, please complete form and return by Friday 17th April to:

42 WHITE AVENUE, KEW EAST 3102

Enquiries contact: Ian Aitken Tel **0407 992 274** Email: ianaitken@optusnet.com.au

Registration Form please select preferred:

VENUE

☐ STRADBROKE PARK
cnr Harp & Burke Rd, Kew

SESSION TIME

☐ 8:30am – 9:25am

☐ 9:30am – 10:25am

☒ 10:30am – 11:25am
Soccer

METHOD OF PAYMENT

☐ Pre pay *CHEQUE (to secure your place) please mail with completed registration form to:
42 White Ave KEW EAST 3102

☐ Payment on first day of clinic
18th April 2020 CHEQUE/CASH
Please note that registration form must be emailed or posted prior to the 18th April.

TOTAL AMOUNT \$

*Please make all cheques payable to Vic Cric

Special Offer
VIC SOCCER TOPS \$35

☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14

Please select children's size

Please arrive at your preferred time **unless** contacted by our team.

Participant/s
Name: _____

Age: _____

Primary School: _____

AFL
team: _____

Contact #1 Mob: _____

Contact # 2 Mob: _____

Address: _____

Post Code: _____

Email: _____

No. of Clinics previously
completed: _____

Parent/Guardian
Signature: _____

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