

AUGUST SOCCER CAMP SUMMER 2006

For Boys & Girls Ages 7-15, August 14-18 9:00 - 4:00pm

Featuring: Our Brazilian Style Futbol Academy Program

CAMP INCLUDES:

- Daily Lunches at our Final Whistle Restaurant
- Daily Video Sessions (World Cup and MLS matches)
- All-Stars, Juggling, MVP, Most Improved and Shootout Awards
- Tournament play every day!
- Official Size 4 or 5 Adidas Soccerball & Camp T-shirt

CAMPERS MUST BRING THE FOLLOWING:

- Shinguards
- Indoor Soccer Shoes (Turfs & Flats Only)

**THE FUN CAMP, FOR EVERYONE!
YOUR CHILD WILL HAVE A BALL!**



DAILY SCHEDULE:

- 9:00 Stretching and Soccernastics
- 9:15 Skill development drills-*Brazilian style*
- 10:00 Small sided games and shooting galore
- 11:30 Lunch
- 12:00 Soccer films, lecture and recreation
- 1:00-4:00 *Tournament play*
- 4 - 4:30pm Campers to be picked up inside front door

STAFF:

- Bob Escobar - Twice named New York State West Coach of the Year (1992 and 2000), Bob has played and coached over 45 years. He has been the Director, Owner and Operator of the Syracuse Indoor Sports Center for the past 18 years. Bob is the founder of the powerful Blitz Soccer Organization, and his teams have won many prestigious tournaments including 9 Indoor National Championships.
- Doug Nunn - Successful High School Varsity Coach at Liverpool High School for the past 8 years.
- Our professional staff also includes notable area coaches Ronny Febres and Mike McQuatters.

FEES: \$195.00 - a deposit of \$50 is required, balance is due August 7. Make checks payable to SISC and mail to Syracuse Indoor Sports Center, 4989 Hopkins Rd., Liverpool, NY 13088

Our camp may be tax deductible. Please check with your accountant!

GROUP AND TEAM DISCOUNTS AVAILABLE!!!

For more information call us at 451-1800 or stop by the front desk. Visit us at www.siscinfo.com!

2006 SUMMER CAMP - Application

Please print

Name _____ Birth date _____ Male Female

StreetAddress _____

City _____ State _____ Zip _____

Parent/Legal guardian _____

Phone (H) _____ (W) _____ Email _____

Emergency Phone _____

NOTE: I state that the above applicant is in good/excellent health and he/she has my permission to participate in the soccer camp program at the Syracuse Indoor Sports Center.

X _____
Signature of parent/legal guardian _____ date _____

You may photocopy and distribute this form as you please.