

GiveMeFootball

ITALIAN FOOTBALL ACADEMY

July School Holidays Clinic

**SPRINGWOOD SOCCER & SPORTS CLUB
SUMMERHAYES PARK**

**Four Day Program
July 13th – 16th 2009**

**Specialist Coaching Program developed by Davide Picone
Professional Qualified Coach from Italy - UEFA B Licence**

**Also, Specialist Goalkeeping Coaching from Tomas Kovar
former Czech 1st Division Goalkeeper.***

Minimum 12 hours of specialist European Qualified coaching will be provided for both **Players** and **Goalkeepers*** aged 10 to 18.

Full Nike Kit provided to all attendants, comprising of:
Shirt, Shorts, Socks, Drink Bottle & Nike ball.

**\$240 PER PLAYER &
\$295 PER GOALKEEPER***

* Goalkeepers numbers quota required for goalkeeping coaching to be provided

**Past attendees that do not require the NIKE Kit receive a
\$40.00 discount upon registration!**

This new and exciting program ensures that all attending have fun whilst learning from leading coaches.

Book early to avoid disappointment as places are strictly limited!

Register now by completing the attached Booking Form!

**For more details please contact Give Me Football
on 03 9349 9095 or visit www.givemefootball.com.au**

Italian Football Academy Pty. Ltd

ABN 46 890 174 566

Level 1 189 Faraday Street Carlton Victoria 3053 Australia

Telephone +61 3 9349 9095 Fax +61 3 9349 9024

Email: info@givemefootball.com.au Web: www.givemefootball.com.au

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REGISTRATION FORM

JULY SCHOOL HOLIDAYS CLINIC

Please tick your choice:

Week 1: JULY 13th – 16th 2009 OUTFIELD PLAYER

Week 1: JULY 13th – 16th 2009 GOALKEEPER

NAME _____

AGE _____ DATE OF BIRTH _____

ADDRESS _____

SUBURB _____ POST CODE _____

PHONE (H) _____ (B) _____ (M) _____

EMAIL _____

FRIENDS ATTENDING _____

CLUB/TEAM PLAY FOR _____

ANY MEDICAL CONDITIONS / ALLERGIES _____

I hereby authorise the staff of Give Me Football to act for me according to their best judgement in any emergency requiring medical attention and release Give Me Football from any and all liability for injury or illness incurred whilst at the football clinic.

PARENT/GUARDIAN _____

SIGNATURE _____ DATE _____

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Size Shirt & Shorts: (Please tick appropriate box for both shirt & short Size)

	XXS	XS	S	M	L	XL
Shirt (Chest)	43 cm	46.5 cm	49 cm	51.5 cm	54 cm	56.5 cm
Shorts (Waist)	37 cm	41 cm	43.5 cm	46 cm	48.5 cm	51 cm

Correct Measurement Procedures:

Shirt – Measure from seam under one armpit across the front of a t-shirt to the seam under other armpit

Shorts - Measure from seam on one hip across the front of a pair of shorts to the seam on the other hip

Method of Payment:

- Credit Card
- Cheque
- Electronic Funds Transfer

Make all cheques payable to:
Italian Football Academy Pty. Ltd.
 Level 1 189 Faraday Street
 Carlton VIC 3053

Or by Electronic Bank Transfer
Italian Football Academy Pty. Ltd.
ANZ BANK
BSB: 013 377 Acct No: 48342 6099

CREDIT CARD PAYMENT DETAILS:

- Bankcard • MasterCard • Visa • American Express*
- 3% processing fee applies; * 4% processing fee applies.

Credit Card Details:

Total Amount Payable: (incl. credit cards fees)

Card No:

Expiry Date: **CCV No:**.....(last three digits on the back of card)

Card Holders Name:.....

Signature: **Date:**