



Soccer Clinics



Primary School Expression of Interest 2010

School Contact Information

Name of school: _____

School Address: _____

Postal Address: _____

Contact Person: _____

Position: _____

Phone N° (BH): _____

(MOB): _____

Fax: _____

Email: _____

Clinic Information

Preferred Date/s

1 _____

2 _____

N° of students: _____

Time of clinic: Start: _____ Finish: _____

Year Level (s): Prep 1 2 3 4 5 6

Note: A confirmation letter will be sent for each clinic.

Cost
\$ 2.00 plus GST per student for a 30 min class
\$ 2.50 plus GST per student for a 45 min class