



TECHNICAL TRAINING PROGRAM

Exclusively For
BERKELEY HEIGHTS YOUTH SOCCER CLUB

What is the Technical Training Program?

- TTP is designed to develop individual players technical ability and skill level.
- Available exclusively to small sided Berkeley Heights Youth Soccer Players aged 8-9.
- Spaces are limited, register early to avoid disappointment



PROGRAM FEATURES

- 6 total weeks of instruction
- Innovative curriculum including Elite Feet and PACE Training (Speed and Agility)
- Small sided scrimmage play 3v3
- Small groups for maximum instruction
- Program T shirt

**Limited Spaces
Please register early to
avoid disappointment!**

PROGRAM DETAILS

Code	Site	Day	Dates	Time	Gender	Fee \$
TS004A	Passaic Field	Tues	3 April-May 8th Rain Date May 15th	4-5.30pm	Boys	\$110
TS004B	Passaic Field	Thurs	5 April-May 10th Rain Date May 17th	4-5.30pm	Girls	\$110

Registration available online
WWW.UKElite.com



Instant online registration and place confirmation available at
UKElite.com

PARENT INFORMATION (Please print)

Name of Parent _____
 Street _____
 Town _____ State _____ Zip _____
 Home Phone (____) _____
 Cell/Work Phone (____) _____
 Email _____
 Emergency Contact _____
 Phone (____) _____

PLAYER / REGISTRATION INFORMATION:

Place #	Code	Name / Last	Name/ First	D.O.B	Price \$
1					
2					
3					
4					
				Sub Total	
				Total	

PAYMENT INFORMATION:

Payment Method (Please Select) Check Mastercard Visa

Credit Card Number: _

Expires (mm/yy) ____ / ____

Signature _____ Date _____

CONFIRMATION:

a) Via email if address provided, OR b) by cancelled check or card statement

CREDIT POLICY:

A voucher for full program fee will be issued for any cancellation prior to program. No Cash refund.

WAIVER INFORMATION:

I certify that my child(ren) is/are in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K.Elite Soccer Inc, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. Note: Please include relevant medical information in writing with this application.

Signed _____ Date _____



Mail registration to: **U.K.Elite Soccer, Inc.**
 210 Malapardis Road
 Suite 201, Cedar Knolls
 NJ 07927
 Tel: (973) 631 - 9802

Or Fax: (973) 631 - 8743
 When registering by fax, do not
 mail original.

Federal Tax ID# 22-3197693

For office
use only

Rec'd	Chk#/Auth	Comp
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