

BERKELEY HEIGHTS SOCCER CAMP
c/o Bruno Somma
5 Breatley Lane
Neshanic Station, NJ 03353

To The Parents Of:



**Berkeley
Heights
Soccer Camp**

**PASSAIC PARK
BERKELEY HEIGHTS
NJ**



For More Information,

Please Call

(908) 806-8121

(908) 399-4281

Directors

Bruno Somma

Boys' Head Coach Governor Livingston

Mike Roof

Girls' Head Coach Governor Livingston

The Program

The Berkeley Heights Soccer Camp seeks to provide skilled instruction for beginners, intermediate and advanced soccer enthusiasts in an atmosphere of learning and fun. The camp is designed for boys and girls ages six to fifteen. Participants will be divided into groups according to age and experience. All participants will receive instruction and exposure to activities appropriate to their development level. They will work with developing skills at all positions and will hold special sessions for strikers focusing on power shooting, accuracy and placement shots. Additionally they will team up with Coach Roof and Coach Somma to work on defensive play and strategy. Goalies will receive individual and group coaching.

Directors

Bruno Somma Head Soccer Coach GL Boys

Mike Roof Head Soccer Coach GL Girls



Week One Boys Only. Monday July 9 to Friday July 13

Week Two Girls Only. Monday July 23 to Friday July 27

Daily 9:00 a.m. until 1:00 p.m.

Must be entering grades

1st through 10th

Each Participant Will Receive:

1. 5 Days of Instruction (9:00a.m.—1:00 p.m.)
2. A Quality Soccer Ball
3. A Soccer Camp T-Shirt

A Typical Camp Day

9:00-9:20 Attendance and Stretching

9:20-10:00 Skill Instruction

10:00-11:30 Circuit Training

11:30-11:45 Break

11:45-1:00 Short Sided Games

Total Camp Cost is \$ 160

A non-refundable deposit of \$75.00 is due by July 1st. Balance due before or upon arrival of the first day of camp

SIGN UP FORM (please check one)

Week 1 July 9- July 13

Week 2 July 23-July 27

Name (child) _____

Name (parent) _____

Address _____

Email Address _____

Home Phone _____

Cell Phone _____

Grade in Sept 2008 _____

T-SHIRT SIZE (please circle one)

(youth) S M L XL

Please notify Camp Director of any

allergies or medical conditions

Berkeley Heights Soccer Camp has my permission to provide medical care in the event that my son/daughter is injured or ill

Signature

Please make checks payable to:

Berkeley Heights Soccer Camp

5 Brearley Lane

Neshanic Station, NJ 03353

** Please send this portion of form with check