



Huddersfield Town Football In The Community Coaching Clinics For 8 To 10 Year Olds

Dear Parent / Guardian

Huddersfield Town Football Club will be Holding Football coaching sessions over a 10 week period. If you are interested then please fill out the booking form and return to the address below. Payment **MUST** be made in full prior to the course start date. See Below. Thankyou.

All courses are fully Insured and have achieved F.A. Charter Standard. All our staff are fully Qualified and CRB checked.

The details of the sessions that are taking place at The Zone are listed below, and will run for 10 weeks

Week	Date	Venue	Time	Cost	
1	15 April 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
2	22 April 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
3	29 April 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
4	06 May 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
5	13 May 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
6	20 May 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
7	27 May 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
8	03 June 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
9	10 June 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
10	17 June 2010	The Zone - Off St Andrews Road	4.00pm to 5.00pm	£	3.00
Total				£	30.00



On the final week of this course all children will receive: A Huddersfield Town Match Voucher

To Book your child on this course, please complete the application form below and return to:

HUDDERSFIELD TOWN FOOTBALL IN THE COMMUNITY. THE ZONE. ST ANDREWS ROAD. HUDDERSFIELD. HD1 6PT

before **FRIDAY 9TH APRIL 2010** with the correct payment.

Please make cheques payable to **Sporting Pride Community Trust**

Places are limited to 16 children so Book early to avoid Disappointment. If you require any further information, please do not hesitate to contact Huddersfield Town on 01484 484189.



Application Form

Coaching at

The Zone - Off St Andrews Road

Start Date

15 April 2010

Name of Child _____ Age ____ D.O.B. _____ Health Issues _____

Address _____ Post Code _____

Telephone Numbers & Emergency Numbers _____ E-Mail : _____

Please Find Enclosed £ ____ Cheque / Cash for 10 Weeks @ £3 per week

Parent/Guardian Signature _____ Date _____

Please use reverse for Any Additional information you feel may be necessary.