



The European Academy approach based on teams such as Barcelona, Liverpool and AC Milan.



# THE PROFESSIONAL APPROACH

Technical and small sided games.

The learning environment is one that they enjoy!!

**Ages- 3 to 12**

**Dates: Fridays (with the exception of holidays) beginning March 12, 2010  
6:30PM – 7:45PM**

**Hosted by Dunedin Stirling Soccer Club & Tobin’s School of Soccer Science**



Professional Coaching- Don Tobin- Director of Coaching. Former professional player and coach.

**Price: \$50.00 for 12 training sessions with professional trainers.**

**We provide the tools to cross over to “Club” and for “Club” players to step up to the next level**

In order to participate in this program , player must be enrolled in spring program or club program.

# CAMP APPLICATION:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City:

\_\_\_\_\_  
State:

\_\_\_\_\_  
Zip:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Male/Female

\_\_\_\_\_  
Parent/Guardian Full Name:

\_\_\_\_\_  
Home Telephone:

\_\_\_\_\_  
Cell:

\_\_\_\_\_  
Place of Employment:

\_\_\_\_\_  
Work Telephone:

\_\_\_\_\_  
E-mail address:

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Cell:

\_\_\_\_\_  
Relationship:

## FORM OF PAYMENT

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Amount\$ \_\_\_\_\_

Make Check payable to Don Tobin

dontobin7@london.com 727.430.1667

### Parent/Guardian Permission

I certify my child is in good health and may participate in camp activities. In case of emergency,

I grant permission for my child to be given emergency treatment at a local hospital.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date: