

46 Reservoir Road, Solihull, B92 8AN, Tel 07821827785 E-mail mykeyprycefds@hotmail.co.uk <u>www.footballdevelopmentscheme.co.uk</u>

Dear Parents / Guardians,

Our next **Mini Soccer course** will run from **11th January – 4th April 2020**. Spaces are limited and will need to be booked in advance.

Mini Soccer sessions are aimed at children from year 1 to year 3. Sessions are fun and friendly and will involve a mix of fun games, skills development and matches. On the final week of the course we will have a presentation and parents are more than welcome to attend. Sessions are staffed by qualified coaches who are trained in First Aid and Child Protection procedures. Our coaches are all DBS checked.

Dates: Saturday 11th January – 4th April 2019 (12 week course – no session 22nd February)

Location: Lode Heath School, Lode Lane, Solihull B91 2HW

Times: Year 1: 9:00am – 10:00am.

Year 2: 10:05am - 11:05am.

Year 3: 11:10am - 12:10pm.

Reception: 11:10am – 11:55am.

Costs: £66.00 can be paid in 2 instalments of £40.00 & £26.00 (2nd payment due 14th February).

Sibling rate: £48.00 (can be paid in 2 instalments of £30.00 & £18.00 (2nd payment due 14th February).

Other Information: Children will need to bring a still drink, clothing for indoor / outdoor activities and trainers (ideally astro turf). Shin pads must be worn by all children.

To book a place on this course, please complete the booking form below and send with payment to the address at the top of this letter. **Cheques** should be made payable to the Football Development Scheme. **To pay online,** please text 07821827785 for details. If you pay online a booking form will still need to be returned via email/post prior to start date. Places are allocated on a first come first served basis and cannot be reserved without payment. Please text or call to confirm availability before making payment.

Yours sincerely

Mykey Pryce - Course Director

MINI SOCCER COURSE: 11TH JANUARY – 4TH APRIL 2020 (12 WEEK COURSE)

Childs Name:	School Year:	. Session:	. D.O.B:
Sibling(s) Name:	School Year:	. Session:	. D.O.B:
School (s):			
Address:		Postcode	ə:
Telephone no:	Emergency r	าด:	
Email Address:			
Medical or additional needs:			
Total Enclosed: Cheque Cash	Online□ Signed:		(Parent / guardian)
Please tick if you would like to be added to the FDS database to receive course updates			