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**FDS FOOTBALL DEVELOPMENT CENTRE**

Dear Parents / Guardians,

Our **NEW DEVELOPMENT CENTRE** will run from **13th January – 30th March 2020**. Spaces are limited as groups will be 12 players maximum per coach and will need to be booked in advance.

Our Development centre sessions are aimed at children in years 3-6. Sessions are aimed at children who have experience playing football and would like to develop their skills further. Sessions will be more technical than our Mini Soccer and after school club session’s, which are more fun based. Sessions will be staffed by qualified coaches who are trained in First Aid and Child Protection procedures. Our coaches are all DBS checked.

Players showing promise will be invited to attend our **Development Squad**.

**Dates:** Monday 13th January – 30th March 2020 (12 week course) **No session:** 17th February

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

**Years**: 4-6 **Times:** 5:30pm – 6:30pm

**Costs:**  **£66.00** can be paid in 2 instalments of £36.00 & £30.00. 2nd payment due 10th February

Sibling rate: **£42.00** can be paid in 2 instalments of £22.00 & £20.00. 2nd payment due 10th February

**Other Information:** Children will need to bring a still drink, clothing for outdoor training and astro turf trainers or boots with moulded studs. 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. **Online payment details:** Santander**,** account number 23194291, sort code 09-01-28. Please use reference DEV CEN – child’s name. If paying 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.

Yours sincerely

**Mykey Pryce - Course Director**

**DEVELOPMENT CENTRE: 13TH JANUARY – 30TH MARCH (12 WEEK COURSE)**

Childs Name: ................................................. School Year: ............ Session: …………. D.O.B: .....................

Sibling(s) Name: .............................................School Year: ............ Session: …………. D.O.B: .....................

School (s): ............................................................... Team (if applicable)…………………………………………

Address: .......................................................................................................... Postcode: ................................

Telephone no: ............................................................ Emergency no: .............................................................

Email Address: ...................................................................................................................................................

Medical or additional needs: ..............................................................................................................................

Total Enclosed:..................... Cash□ Online□ Signed: ......................................... (Parent / guardian)

Please tick if you would like to be added to the FDS database to receive course updates Sign:……………