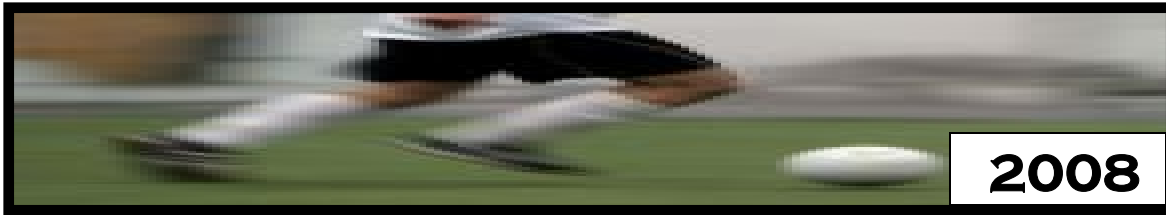


JOHN GALL SOCCER SPEED CAMPS



SESSION 1: Monday, June 16th – Thursday, June 19th – 8:30am-11:00am
SESSION 2: Monday, August 4th – Thursday, August 7th – 8:30am-11:00am
Additional Camp based on demand:
SESSION 3: Monday, August 4th – Thursday, August 7th – 6:00pm-8:30pm

Castlewood (www.castlewoodhoa.com) Soccer Field, Fairfield Lane, Highland Village, Texas 75077
For ages 6 and up

Directed by John Gall

07 & 08 Back-to-Back Class 5A State Champion Head Coach – Marcus HS Boys Soccer

USSF National 'A' License

Certified Speed Trainer

469-233-0519

john_gall@verizon.net

COST - \$100 per session / Walk Up \$125 per session (includes \$50 non-refundable admin fee)

Checks made payable and mailed to: John Gall, 3307 Mayfair Lane, Highland Village, TX 75077

The Camps:

There is nothing more exhilarating than when a player explodes through a defensive gap, checks, turns, and side-steps to avoid a desperate, defensive lunge and fires the ball home.

This wonderful act of speed, agility and quickness are what make the difference between winning and losing. Often thought of being 'natural', this talent has been neglected on the training field.

The John Gall Soccer Speed Camps (SSC) are designed to develop such 'natural' skills. The camps are also designed to improve eye-hand-foot coordination, strength and explosive power, as well as being full of variety and fun.

-----**CUT HERE**-----

John Gall SSC 2008: CIRCLE ONE: SESSION 1 / SESSION 2 / SESSION 3

Player's Name _____ Age at Camp _____ Grade (07/08) _____

Address _____ City _____

State _____ Zip _____

Phone # (_____) _____ - _____ Cell # (_____) _____ - _____

E-Mail _____ @ _____

T-Shirt Size (CIRCLE ONE) (Please remember that what you order is what you will receive)

YOUTH Small Medium Large **ADULT** Small Medium Large X-Large

LIABILITY RELEASE: I hereby release The John Gall Soccer Speed Camp and all it's staff and employees of any liability in case of an accident on the Castlewood Soccer Field during the course of the above-mentioned camp. I also give the John Gall Soccer Speed Camp Staff permission to obtain medical care from any licensed physician, hospital, or medical clinic, for the player named herein, at such a time, as either parent/guardian cannot be contacted.

Parent/Guardian Signature _____ Date _____

INCLEMENT WEATHER HOTLINE
214-890-5972