

Gareth Elliott Presents



BOYS AND GIRLS
July 15th - 19th
at Tuckertown Fields,
South Kingstown

Ages 5 to 7 9:00 a.m. - 12 noon
Ages 8-14 9:00 a.m. - 3 p.m.
Competitive & Team Camp available

Contact Gareth Elliott
Cell - 401-595-6261 or
Email: gelliott9@gmail.com

CAMP PHILOSOPHY

The training program at the GOAL 4 RAMS SOCCER CAMP will provide for individual and personalized instruction to encourage the progressive development of each player. The camp will be structured to meet the needs of the individual based on size, age, ability and playing experience. Groups will be chosen representing Juniors, Intermediates, and Seniors.

GENERAL INFORMATION

Lunch - Bring your own

Behavior - Campers will be held responsible for any and all property damage, and may be sent home without refund for violation of camp rules.

Camp Will Supply - Camp shirt, water bottle and ball

GARETH ELLIOTT

URI Head Men's Soccer Coach
UEFA "B" Licensed Coach
URI Players & other Licensed Coaches

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Goal 4
Rams  **APPLICATION FORM**

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____
Home Phone: _____
Emergency Phone: _____
Cell Phone: _____
Date of Birth: _____ Age: _____

TUITION

Sign up for:	Time	Price
<input type="checkbox"/> Ages 5-7	9 am - 12 pm	\$95.00
<input type="checkbox"/> Ages 8-11	9 am - 3 pm	\$190.00
Competitive Group		
<input type="checkbox"/> Ages 12-14	9 am - 3 pm	\$190.00

PAYMENT

- Payment may be made by check or money order payable to "GESA".
- Please return this completed form with your payment to:

Gareth Elliott
URI Men's Soccer Office
3 Keaney Road, Suite One
Kingston, RI. 02881
- When 2 or more members of the same family sign up at the same time, they each get \$5 off! **OR**
- **When 10 or more members of the same team sign up at the same time, they get \$10 off!**
- You will receive a confirmation letter upon receipt of the completed application with check included.
- For additional information call 401-595-6261 or e-mail at gelliott9@gmail.com

Goal 4
Rams  **APPLICATION FORM**

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____
Home Phone: _____
Emergency Phone: _____
Cell Phone: _____
Date of Birth: _____ Age: _____

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