



**NEWCASTLE  
COMMUNITY  
f o o t b a l l**  
C O U R S E S L T D

# Saturday Morning *Soccer Centre*

We are pleased to inform you that our  
**Saturday Morning Soccer Centre**  
will be resuming from Saturday 6<sup>th</sup> February 2010  
at: **Bullocksteads Sports Ground. Kenton Bankfoot. NE13 8AH**

**At Only £3 per session**

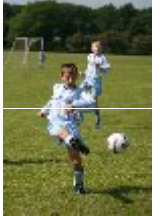
Or at a reduced cost of.....**£15 for a 6 week block booking**

COURSE	DAY	COACHING TIMES	SINGLE SESSION	6 WEEK BLOCK BOOKING
<b>Outfield</b>	Saturday	10:30 – 12:00	<b>£3</b>	<b>£15</b>
<b>Goalkeeping</b>	Saturday	10:30 – 12:00	<b>£3</b>	<b>£15</b>

**PLEASE ARRIVE FOR APPROXIMATELY 10:00am FOR REGISTRATION  
AND A PROMPT 10:30am START**

You can pay on the day at a cost of £3 per head per session without any commitment to a block booking. Your child will also be provided with a **FREE HOT SNACK VOUCHER** to the value of £2 after every training session courtesy of our friends at: **“Brookes caterers”**

In cases of adverse weather conditions please telephone: **0191264 2015** for course updates.



BLOCK BOOKING / REGISTRATION FORM

SATURDAY MORNING SOCCER CENTRE

Name \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

(for future course information)

Contact Telephone (inc. STD) \_\_\_\_\_

It is understood that it is the parent/guardian's responsibility to inform Newcastle Community Football if their son/daughter will not be present on any day of the course.

Address \_\_\_\_\_

UNDERTAKING: it is understood that Newcastle Community Football cannot be liable for any personal loss or injury which the above named applicant may sustain whilst attending the Football Coaching Courses.

\_\_\_\_\_ Postcode \_\_\_\_\_

It is also understood that it is the parent/guardian's responsibility to inform Newcastle Community Football of any medical condition that could affect a child's participation in any activity. Please give further details if appropriate.

PLEASE TICK REQUIRED COACHING FOOTBALL  GOALKEEPING

In the event that my son/daughter is injured whilst attending the course and I cannot be contacted on the above numbers, I give my consent for my child to receive medical attention. I also give consent that any photographs taken by staff at the sessions may be used for future publicity purposes.

I enclose a cheque / postal order  
(with your address on the back of  
your cheque) for the correct amount of

£

Signed Parent/Guardian \_\_\_\_\_

All Cheques Payable to **NCF Courses Ltd**  
Suite 2, Owners Business Centre, High Street,  
Newburn, Newcastle, NE15 8LN

Date \_\_\_\_\_