**XMAS & NEW YEAR COURSES 2024**



**Course 1. Friday 22nd December. ( 1 day course £20 ) 10AM - 3PM**

**Course 2 : Thursday 28th & Friday 29th December. (2 Days)**

**Course 3 : Thursday 4th & Friday 5th January 2024. ( 2 Days )**

**COST : £35 - 2 days. ( 1 Day £20 ). AGES: 4 – 12.**

**TIMES: 9.30am – 3pm.**

**VENUE: Gresford Memorial Hall. ( Indoor & outdoor ).**

Why not join the North West’s leading soccer school for an action packed soccer course. The course caters for Boys and Girls, whether your child is a beginner or star of the future, our programme is a great way of having fun, learning new skills and making new friends in a safe secure environment. All Pro-Skill Soccer coaching staff are fully qualified, insured and DBS cleared. For more details can follow our face book page. **Pro skill soccer**

To book your place simply fill in the slip below and send with payment of **£\_\_ to Pro Skill Soccer, 36 Pant Olwen, Gresford, Wrexham, LL12 8ES**. Cheques should be made payable to: **Pro-Skill Soccer.**

**There will be a £5 discount for siblings if booked only on the 2 days.**

**PLEASE NOTE:** Limited spaces are available for these courses due to course Indoors. Please make sure to send your slip with payment to reserve your child’s place ASAP.

All children will need to bring a packed lunch and drinks for the day. **All children will also need suitable clothing and footwear for Indoor & outdoor football.**

**HOTLINE: 07732648043**

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Chosen days? Course . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Total Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical requirements should accompany this form in writing.