



WEST COAST FUTSAL

GOL BRASIL "HOLIDAY CLINIC"



3 DAY FUTSAL CAMP & TOURNAMENT

WHEN: Tue 12th, Wed 13th, Thur 14th & Fri 15th April 2016

TIME: Tue - Thu 9am - 12pm & Fri 11:30am - 5:30pm

WHERE: Tue - Thu Hollywood Futsal Club, 42 Smyth Rd, Nedlands
Fri Scarborough Futsal Club, 2 Nerita Way, Karrinyup

COST: \$120 Per Person (Includes 9 Hours of Futsal Coaching, a one day tournament vs Karratha Futsal, a free Futsal T-Shirt and a Sausage Sizzle on Friday)

WHO CAN JOIN: Boys and girls between the ages of 9 years old to 12 years old can join.

What is the Gol Brasil Holiday Clinic: The Gol Brasil Holiday Clinic is a 4 Day Futsal Camp which is a fun based Development Program aimed at improving individuals playing level. We use the game of futsal (5-a-side soccer), which encourages less physical contact and more touches on the ball, to improve individuals skills, technique and court awareness. We do this through a variety of training techniques and game play. Gol Brasil is recognised by CBF (Brazilian Football Association) who share the same philosophy of developing players. This Holiday clinic also includes a one day tournament (Friday) where the kids will be split into teams to play Karratha Futsal Club.

What is Futsal: Futsal (5-a-side soccer) is a sport which involves the use of great ball control, awareness, positioning, technique and tactical ability. The Gol Brasil Holiday Clinic is designed to develop and teach the players in all areas involved in the futsal game. Beginner, novice or advanced, the program aims to improve the standard of futsal amongst individuals and teams alike through both training and game play.

Love this futsal



For further information please contact:

Phone: 0431 544 550 or 1300 FUTBOL

Email: doc@westcoastfutsal.org.au

Website: www.westcoastfutsal.org.au



REGISTRATION FORM

PARENT / GUARDIAN DETAILS:

Last Name: _____ First Name: _____

Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Mobile Number: _____

How did you hear about the Gol Brasil Program? _____

CHILD 1 DETAILS:

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Primary School: _____

Football Club: _____

Medical Condition: _____

CHILD 2 DETAILS:

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Primary School: _____

Football Club: _____

Medical Condition: _____

PARENT / GUARDIAN SIGNATURE:

Name: _____

Signature: _____

Date: _____

Please return the completed form to
Hollywood Futsal Club, 42 Smyth Rd, Nedlands
Or
Email – doc@westcoastfutsal.org.au
to secure your Childs participation.