

# UNITED SOCCER TRAINING & PULASKI UNITED F.C

## (Summer Soccer Camp)

**June 07-11, 2010**

**Afternoon Camp Age: 6-8, 9-10 (Boys & Girls)**

**Time: 5:30pm to 8:00pm**

**Afternoon Camp Age: 11-13, 14-16(Boys & Girls)**

**Time: 5:30pm to 8:00pm**

**COST: \$110, 00 (Week) Includes T-Shirt**

**Checks made payable to**

**United Soccer Training**

**(Two family member's \$10 discount)**

[www.unitedsoccertraining.com](http://www.unitedsoccertraining.com)

**July 12-16, 2010**

**Afternoon Camp Age: 6-8, 9-10 (Boys & Girls)**

**Time: 5:30am to 8:00pm**

**Afternoon Camp Age: 11-13, 14-16 (Boys & Girls)**

**Time: 5:30pm to 8:00pm**

**please print, fill out and Mail to:**

**United Soccer Training**

**P.O.BOX 1133 ST. Robert MO, 65584**

**Phone: 973-572-7520**

**E-Mail: [JULREY18@HOTMAIL.COM](mailto:JULREY18@HOTMAIL.COM)**

### Camp Directors are Professional Coaches/Trainers:

This camp training benefits players seeking accelerated progress in their skills. We will focus on areas requiring Technical development, tactical thinking and improving the all-round game

**PUFC U-12 2009 L. Country League Champion**



**Julio Reyes**



**(Camp director)**

**USTA Summer Camp 2009**



**Julio Reyes'** impressive playing career spanned 14 years 1988-2003. He participated in three CONCACAF Champions clubs. In December 2007, Julio proudly received certification of Completion of the world-renowned Real Madrid International training course, sanctioned by the Spain Soccer Federation. Julio was in high demand as he trained many top NJ Club's teams. Julio served as the assistant Coach for the NJ Stallion Professional Soccer Team for a span of two years. In June of 2009, Julio Reyes completed the "B" National license course and currently USSF Soccer license. Julio is the PUFC technical director.

### Camp Registration Form

Name \_\_\_\_\_ M F Birth Date \_\_\_\_\_ Position(s) \_\_\_\_\_

Address \_\_\_\_\_

Street

Town

Zip

E-mail \_\_\_\_\_ Phone No. \_\_\_\_\_

As the parent(s)/guardian(s) of the above name child, I hereby give my/our permission for his/her participation in the USTA & PUFC Soccer Camp I know of no illness or physical impairment which will prevent him/her from participating. I/We assume all risks and hazards associated with such participation, including transportation to and from all soccer related activities. I agree to waive all claims resulting from or in connection with United Soccer Training & Pulaski United F.C and its' representatives.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp Location:** We will send an E-mail a week before the Soccer Camp



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