



Eatontown Recreation
(Borough Hall)

47 Broad Street, Eatontown, NJ 07724
(732) 389-7607 or email rec@eatontownnj.com



2010 FALL SOCCER CLINIC

For all Eatontown Boys and Girls who will be entering grades Pre-K – 2nd in September (2010-2011). This Instructional Program is designed to introduce the game of soccer and will include the various aspects of the game. The focus will be on learning soccer skills in an unofficial game format. Modified goals and balls will be used. Each child will receive a t-shirt and a participation award. Space is Limited, registration is done on a first come, first serve basis, 30 players per grade. The Instructional Soccer Clinic will be conducted on Saturday mornings at Wolcott Park (located behind the McDonald's). Registration for the program will be from Monday, June 1st through Friday, September 10th. The office hours for the Recreation Department are 8:30 AM – 4:30 PM.

All sessions will be held on the following **Saturdays**: **Sept. 18th, 25th, Oct. 2nd, 9th, 16th, 23rd**
All sessions are subject to change based on the number of enrollments.

Pre-K & Kind.

A) 9:00 AM – 10:00 AM

1st Grade

B) 10:00 AM – 11:00 AM

2nd Grade

C) 11:00 AM – 12:00 Noon

The fee for the program is \$45.00 per child or \$65.00 per family. Checks must be made payable to the "Borough of Eatontown" and sent to the address above. Refunds will only be given when requested prior to the first session. Free services are available to those without the ability to pay. Call the Recreation Office at (732) 389-7607. Space is limited. Registration- first come, first serve basis. Late fee \$20. per family applied beginning 9/10/10.

Registration form and payment are due Friday, September 10th, 2010 by 4:00PM.

◆ For current and future recreation programs, visit our website at www.eatontownrecreation.com

While the Borough of Eatontown maintains liability insurance covering the Borough for injuries or expenses occurring by reason of its negligence, the Borough does not carry insurance to provide payment for medical expenses occasioned by injuries unrelated to fault on the part of the Borough or its employees.



Fall 2010 Soccer Clinic

Adult Last Name _____ Adult First Name _____

Address _____ Email-(Print Please) _____

Primary Telephone #: _____ Emergency #: _____

Participant Name	Grade As if 9/10	Age As if 9/10	(M/F)	T-Shirt Size	Session (select one)
					(A, B, or C)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Participant requires reasonable modifications because of a disability to participate. Yes _____ No _____