

Friday After School Football Club @ Lowbrook Academy

iPro Football will be holding an after school football club at your school during the Autumn Term.

Contact: Office 07908 172175 E: office@iprofootballcoaching.co.uk

Guided by our team of our fully qualified professional coaches, the course will work on developing players skills as well as having small sided matches, competitions and fun for all!

Day & Time	Friday 3.30pm to 4.30pm	
Course Duration (11 sessions excl ½ term)	Friday 21st September –Friday 7 th December 2018 NB: No session during Half Term	
Priority Booking! Deadline: Fri 7 th September 2018 Cost – Cash or Cheque, labelled & sealed in an envelop	£66.00 - 11x Sessions @ £6.00 per session Please write your child's name and school on the back of your cheque and make payable to iPro Football Coaching	
Age Groups	Open to boys & girls in Years 1 & 2 only Children will be grouped by age/ability	
Places available	32 (Places are strictly limited)	
Kit Required	Boots/Trainers/Shinpads/Drink & Weather Appropriate clothing.	

Places are limited and will be allocated on a first come first serve basis. To secure your place please complete the attached form and return to the school office ASAP together with payment. The course is non refundable however a credit note may be issued for use on a course at a later date. A £5 administration fee will be applied to returned cheques. If you require any further information, please contact the office using above details.

APC - ADVANCED PERFORMANCE CENTRE

In partnership with Premier League, Watford FC Academy!

Advanced sessions running weekly for talented grassroot club players in addition to all local club football.

Fridays 5.30-7.00pm @ Furze Platt Senior 3G.
For further info or to book your FREE trial please contact:

office@iprofootballcoaching.co.uk

BIRTHDAY PARTIES

Are you football mad?
Would you like to enjoy a football birthday party
with your favourite iPro coach?
If so please contact office manager, Jodie Noble,
office@iprofootballcoaching.co.uk

Please Complete in Block Capitals		
Child's name	DOB	<u> </u>
Home Address		Postcode
Payment method (please tick) Cash [] Cheque []		
Email address		
(Please provide us with a clear email address so we can keep you up to date wi	th everything iPro)	
Emergency contact name	Mobile No	
Medical conditions		
(Children attending who require Epi pens must have written letter of consent to allow our sta	aff to administer treatment. In the unlike	ely event that your child should need
first aid and /or be transferred to hospital, by signing this form your give permission for our sidisclosed).	staff to do so. You also confirm that all r	relevant medical conditions have been
Signed_	(Parent/Guardian)	