



INDOOR SOCCER CLINIC (Grades K-8th)

\$20.00 fee payable to: MONTICELLO BERNDES CENTER \$5 LATE FEE DEADLINE: December 20th, 2019

Please return completed form and payment to the Monticello Berndes Center 766 N. Maple Street, Monticello, IA 52310

Child's Na	me:									
Street Add	ress:									
Grade:		K 1^{st} 2^{nd} 3^{rd} Age: Gender (Circle): 0 4^{th} 5^{th} 6^{th} 7^{th} 8^{th}						Lircle): GIRL	IRL BOY	
*REQUIRI		Name:								
*Parent/Guardian Name: *Cell Phone: Home Phone: *Email:										
Interested	in assistii	ng with	the clin	ic? YE	'S	NO				
-	. ,			0		5	f Monticello, the Parks & ne event of an accident or			
Parent/Guardian Signature:							Date:	Date:		
			-	-	-	-	n <u>n 28</u> from 5:30-6:15 at the 0-7:30 at the Berndes Cen		nter.	
Tł	nis cli	inic	will	hel	p tea	ach the l	oasic fundam	entals c	of	

soccer. Each session will consist of a focus on dribbling, passing, and striking the ball.