



Center of Excellence 2008

Sponsored by T-CYSA



T-CYSA is sponsoring the 16th annual "Center of Excellence" soccer camp for T-CYSA registered U10 and U11 players. Coaches from the Three Rivers Soccer Club and other programs will conduct 7 sessions based on youth soccer training programs developed by US Youth Soccer and under the guidance of the T-CYSA development program.

This soccer training emphasizes fun, ball control, passing, shooting, dribbling, and defending. Register now to ensure a spot in this camp to be held at one of the finest youth soccer facilities in the Northwest!

- Each player will receive a size 4 soccer ball and a Center of Excellence t-shirt.
- Coaches and parents are encouraged to come out and observe the training sessions.
- The one-day-a-week clinic for 7 weeks is an excellent supplement to the spring season.



Dates: Mondays March 10 - April 28, except April 7 (spring break)
Time: 5:30-7:00pm
Location: T-CYSA Soccer Complex in Pasco
Bring: Water bottle, size 4 ball, shinguards, sweatshirt, sweatpants

1st Night Check-in: 4:30 - 5:30pm on March 10

Registration will be on a first-come, first-served basis. The deadline is March 6.

Detach and return the form below with your check for \$55 payable to T-CYSA. Registrations will be accepted after the deadline only if space is available and will cost \$65.

Mail to: T-CYSA, Attention: Center of Excellence, 6160 Burden Blvd, Pasco WA 99301.
For more information call the T-CYSA office at 544-0276.

Center of Excellence 2008 - Registration Form

Player's Name: _____ Phone No.: _____ Emergency Phone No.: _____

Address: _____ City: _____ Zip: _____

Email: _____ Coach: _____ Age: U10 U11 Gender: M F

Circle One Option

T- Shirt Size: (Youth Sizes) Medium Large
 (Adult Sizes) Small Medium Large

I, the undersigned authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry for the above named child if I cannot be reached in case of an emergency.

Parent Signature: _____ Date: _____

Office Use Only

Date Received	Check #	Check Amount