

WINTER -INDOOR INSTRUCTIONAL SOCCER

**MONTGOMERY
SPORTS
ASSOCIATION
(301)983-2227**



WWW.MONTGOMERYSPTS.ORG



MSA is Offering Indoor Four Week Instructional Soccer Program that Teaches Your Child Soccer Fundamentals: Dribbling, Passing, Kicking, Ball Control, Coordination, Team work and Basic Rules of the Game.

For Boys and Girls, Ages 5 - 12 yrs. Participants Will Receive MSA Shirt. Professional and Collegiate Coaching Staff

**AT NORWOOD SCHOOL, 8821 RIVER RD, BETHESDA, MD 20817,
STONE RIDGE SCHOOL, 9101 ROCKVILLE PIKE, ROCKVILLE,
SALVATION ARMY GYM, AIRCRAFT RD, GERMANTOWN, MD**

We Accept Personal Checks, MC, Visa & Discover Cards & Online Payments

Program #	School	Day	Dates	Fee	Time
1	Norwood	Saturdays	12/6, 12/13, 12/20, 1/3	\$104	11:30 - 12:30PM
2	Norwood	Saturdays	12/6, 12/13, 12/20, 1/3	\$104	12:30 - 1:30 PM
3	Norwood	Sundays	12/7, 12/14, 12/21, 1/4	\$104	1:30-2:30 PM
4	Stoneridge	Saturdays	12/6, 12/13, 12/20, 1/3	\$104	12:00-1:00 PM
5	Stoneridge	Saturdays	12/6, 12/13, 12/20, 1/3	\$104	1:00-2:00 PM
6	Norwood	Saturdays	1/10, 1/17, 1/24, 1/31	\$104	11:30-12:30 PM
7	Norwood	Saturdays	1/10, 1/17, 1/24, 1/31	\$104	12:30-1:30 PM
8	Norwood	Sundays	1/11, 1/18, 1/25, 2/1	\$104	1:30-2:30 PM
9	Norwood	Sundays	2/8, 2/15, 2/22, 3/1	\$104	1:30-2:30 PM
10	Stoneridge	Saturdays	2/28, 3/7, 3/14, 3/21	\$104	12:00-1:00 PM
11	Stoneridge	Saturdays	2/28, 3/7, 3/14, 3/21	\$104	1:00-2:00 PM
12	Salvation Army	Saturdays	12/6, 12/13, 12/20, 1/10	\$104	12:00-1:00 PM
13	Salvation Army	Saturdays	1/17, 1/24, 1/31, 2/7	\$104	12:00-1:00 PM

**Please Mail
Registration Form
and Payment to:**

**MSA
9334 Sprinklewood
Lane, Potomac,
MD 20854**

**MSA WINTER 2008 / 09
Soccer Registration**

Program Number _____

Name _____

Address _____

Home Phone _____

Email Address _____

Gender: M/F _____ Age _____

Parental Consent: My child is covered by medical insurance and any special medical conditions will be stated. The Organizers and their representatives are not responsible for any injury or damage that may occur during classes. I authorize session staff to act on my behalf in emergency. I agree to MSA's - No refunds policy which states that only an MSA credit will be issued for future MSA activities.

Please state the health condition of your child _____ **Fee Paid:** _____

I authorize the charge of the fee to the credit card number above _____

Card Expiration Date _____ Zip code _____

Signature of Parent or Guardian & the Credit Card _____ Date _____

*Note: Programs, Locations, and Activities are subject to change due to circumstances beyond the control of MSA.

These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school.