



# NORTHERN KNIGHTS FOOTBALL CLUB

## 2007 JUNIOR FOOTBALL CLINIC

July 2nd and 3rd

T.W. BLAKE PARK, GOWER ST, EAST PRESTON  
(MEL REF 19 A12)



- Clinic for players aged 6 to 13
- Players of all standards welcome
- Innovative and fun program provided
- Terrific skills coaching program with overall coaching ratio of 1 to 10.

## The Benefits:

- Two Full Days, 12 hours of intensive coaching with the emphasis on individual attention and the development of each player's football ability.
- Tuition from Leading Coaches in the Northern Region, including Kicking, Handballing, Marking as well as theoretical sessions on fitness and prevention of injuries
- Unique individual assessment reports with skills coaching tips included
- Special "Road to the Top Session" from a leading AFL player
- Umpiring rule interpretation session

## Cost: \$130 (all inclusive)

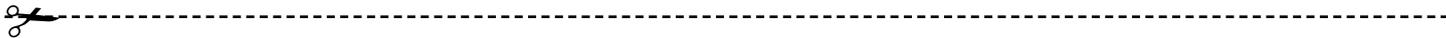
All applicants will receive a detailed confirmation letter with arrival times, what to bring, where to arrive, etc. Places can be secured by paying the full tuition of \$130 with the application or via a \$50 Deposit, with the balance payable shortly before the commencement of the clinic.

## CLINIC DETAILS

Coaching at the Clinic is for two full days, from 9am to 4pm for players of all standards.

Lunches, drinks, fruit and snacks are provided. On the final day, the presentation ceremony to close the clinic will be held at 3.30pm.

**AFL PLAYERS IN ATTENDANCE ON BOTH DAYS.**



### APPLICATION FORM

**POST TO:** Northern Knights Junior Football Clinic  
 P.O Box 8363, Northland Centre, VIC, 3072  
 Fax: (03) 9478 9541  
 Email: simond@knights.org.au

**PARENTS** - Please complete the application and mail with full payment (\$130) or deposit of (\$50) payable by Cheque or Cash. (Cheques to be made payable to 'Northern Knights Junior Football Clinic')

NAME.....D.O.B. ....

ADDRESS .....

.....POSTCODE.....

PHONE(H) .....PHONE(B) .....

EMAIL .....

I HEARD ABOUT THE CLINIC THROUGH .....

NAMES AND AGES OF FRIENDS ATTENDING.....

.....

CLUB/TEAM PLAYED FOR.....

ANY MEDICAL CONDITIONS OR ALLERGIES.....

.....

I Hereby authorise the staff of the Northern Knights to act for me according to their best judgement in any emergency requiring medical attention and release Northern Knights Football Club from any and all liability for injury or illness incurred while at clinic.

Parent/Guardian.....Signature .....

**This application must be accompanied by deposit of \$50 payable by Cash or Cheque.**  
 (Payable to Northern Knights Junior Football Clinic)