



**2017**  
**Heights Soccer**  
**School**  
**at**  
**Snyder Avenue Field**  
**Berkeley Heights, NJ**

**June 26-29**  
**(Rain Date is June 30)**



**DIRECTOR**  
**Mike Roof - Head Women's Coach**  
**Governor Livingston High School**

Dear Prospective Campers and Parents,

Soccer has been a passion of mine since childhood. I love the game and hope to share my love of soccer with others. The overall goal at Heights Soccer School is to provide a strong foundation of the game of soccer through challenging yet enjoyable activities. The focus will be on the development of each individual's technical and tactical abilities, in order to improve overall consistency and performance. The camp provides a competitive environment that will challenge our campers to bring their game to the next level.

Please feel free to contact me with any further questions or to discuss the camp in further detail. I look forward to seeing you at soccer camp this summer!



CONTACT INFORMATION

Mike Roof  
908-377-5784  
mroof16@gmail.com

Daily Schedule

9:00-9:30	Attendance/Dynamic Warm-Up
9:30-10:30	Technical Training
10:30-11:30	Small-Sided Games
11:30-12:00	Lunch
12:00-12:30	Competitive/Fun Games/ Trivia for Prizes



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Heights Soccer School  
for girls entering grades 2-9

HOURS

Monday, June 26-Thursday, June 29  
9:00 a.m. – 12:30 p.m.

CAMP FEE

- \$160.00 per camper **if paid by June 16**  
**\$170 if paid after June 16 or day of camp**
- (\$30 discount if a sibling also attends camp)
- Each camper will receive a camp T-shirt
- A non-refundable deposit of \$80.00 must accompany the Registration Form by June 8<sup>th</sup> with the balance to be paid in full before or upon arrival of the first day of camp.



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\*All campers should bring a soccer ball

Registration Form  
Please submit this form with a check  
for the deposit (or total payment) to:

**Heights Soccer School**  
**310 Walnut Street**  
**Middlesex, NJ 08846**

Camper's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Grade in September 2017 \_\_\_\_\_

T-SHIRT SIZE (please circle one)

Youth: S M L XL

Adult: S M L XL

**PLEASE NOTIFY CAMP DIRECTOR OF ANY  
ALLERGIES OR MEDICAL CONDITIONS!**

As parent/guardian, I am aware that the sport of soccer involves physical contact which could result in injury. Heights Soccer School has my permission to provide medical care in the event of injury or illness.

Signature \_\_\_\_\_

