



“DEDICATED TO FAMILY, BUILT ON TRADITION, COMMITTED TO EXCELLENCE”
Eclipse Select Soccer Club, Inc. 872 S. Milwaukee Avenue #260 Libertyville, Illinois 60048

Eclipse Select Tri-Cities Summer Soccer Camp 2009

July 27-31, 2009 8:00am - 11:00am

Good Templar Park, 528 East Side Dr., Geneva, IL 60134

Camp Director - Michael Wiggins

Head Boys Soccer Coach – Hinsdale Central High School Red Devils; 2004 Illinois High School Coach of the Year; 2007 IHSA Boys Soccer State Finals 4th Place; US National “B” Coaching License; US National Youth Coaching License; Illinois H.S. Soccer Coaches Assoc. Clinic Director; Former Scout U.S. Soccer Federation; Former Illinois ODP Staff; Illinois Coaching Education Program Staff Coach; Illinois State Cup Championships at U12 & U13.

❖ **Camp Highlights**

Camp Fee: \$150.00

Open to youth players BOYS & GIRLS U8 – U14; camp t-shirt to each camper; campers are grouped by age, ability & size; fun contests during camp; current instructional techniques; outstanding staff of youth coaches; valuable learning experiences; fun and caring environment; Camper Recognition Ceremony; Friday Raffle for prizes!!

The **Eclipse Summer Soccer Camp** is the ultimate week of camp to participate in for kids looking to get energized for the fall season! Camp Director Michael Wiggins brings over 15 years of soccer camp experience into this week, which will provide FUN and excitement to those looking to get a start on the upcoming season. The **Eclipse Summer Soccer Camp** presents a curriculum focused on developing fundamental technique, while creating an atmosphere that unlocks the game within each youth player. FUN is the name of the game as this week of camp sets the tone for the very reason kids will want to come back again and again!

Eclipse Select Soccer Club www.eclipseselect.org
HOME OF 4 USYSA NATIONAL CHAMPIONS!!
HOME OF 31 ILLINOIS STATE CUP CHAMPIONS!!!
ECLIPSE SELECT RANKED #1 GIRLS CLUB IN THE NATION IN 2007 & 2008; #2 IN 2009

❖ **Registration**

Camp questions: (630) 863-0454

Registration checklist: 1) This form 2) Total fees 3) Medical Release Form for non-Eclipse players 4) Completed Permission Form for non-Eclipse Travel players.

Name _____ Age _____ Date of Birth ___/___/___ M F

Address _____ City _____ State _____ Zip _____

Parent's Name _____ Phone () _____

e-mail _____ Camp t-shirt size _____YL _____ S _____M _____L

PRINT YOUR EMAIL CLEARLY

Check Enclosed: (\$150.00) Check # _____ (payable to: Eclipse Select Soccer Club)

MAIL TO: Eclipse Select Soccer Club, Inc. 872 S. Milwaukee Avenue #260 Libertyville, Illinois 60048
Attn: Camp Director Michael Wiggins

IMPORTANT!

E-Mail confirmation letters will be sent. Please be sure to check your e-mail carefully prior to the week of camp to be sure you have all of the details. REGISTRATION will be complete when we have received all forms and total fees. Non – Eclipse players must send a completed Medical Release Form (on website). Non – Eclipse Travel players must send a completed Permission Form (on website). Warning: you are enrolling in a lot of FUN.

