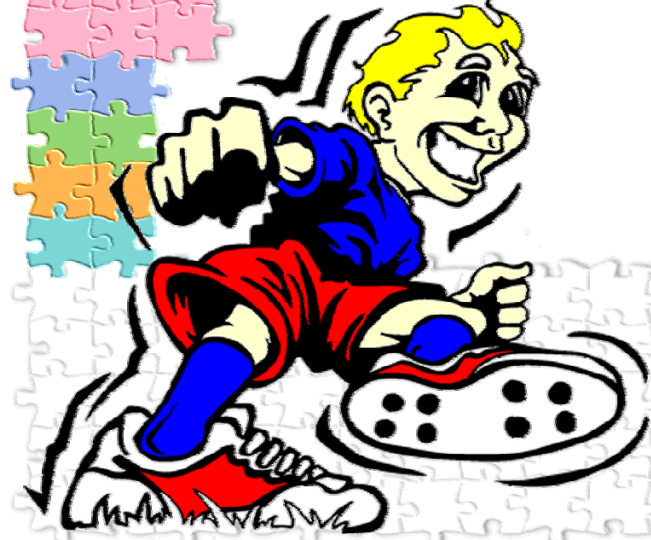




KICKSTARTERS

Fall & Winter I 2010 SOCCER PROGRAM
NEVER TOO EARLY TO START KICKING IT AROUND

515 Old Westminster Pike
 Westminster, MD 21157
 410-857-5098
 410-840-9361
 www.carroll-indoor.com



A non-competitive introduction to soccer for kids 3 years to 5 years old. Experienced instruction from instructors who have worked within a youth soccer program and know how to make learning soccer fun. Kids will learn the fundamentals of soccer and cooperation with others while gaining confidence and coordination. Sports Motor-Skills, 18 months to 3 years, will incorporate running, throwing, dribbling, bouncing, jumping, shooting and other skills needed for a variety of sports activities.

Instruction:

Becki Rimmell-Gym teacher at Carrolltowne Elementary School and former soccer coach at Winters Mill High School. Summer sports camp instructor. Plays in a variety of women and co-ed soccer leagues.

Katie Hancock-School teacher at Westminster Elementary School. Summer sports camp instructor. Plays in a variety of women and co-ed soccer leagues.

Cost is \$75 for the 7 weeks of class.

Register Early-Space is very limited for each class.

Saturdays

Fall Session-7 weeks

(class on turf field)

Starts September 11th-Ends October 23rd

8:30 AM	3-4 years	Soccer	45 minutes
9:30 AM	1.5-3 years	Sport Motor-Skills <i>(with parent)</i>	45 minutes
10:30 AM	3-4 years	Soccer	45 minutes
11:30 AM	4-5 years	Soccer	45 minutes

Saturdays

Winter Session I-7 weeks

(class on basketball court)

Starts November 6th-Ends December 18th

8:30 AM	3-4 years	Soccer	45 minutes
9:30 AM	1.5-3 years	Sport Motor-Skills <i>(with parent)</i>	45 minutes
10:30 AM	3-4 years	Soccer	45 minutes
11:30 AM	4-5 years	Soccer	45 minutes

Circle One:

Fall Session: Saturdays 3-4 Years 8:30 AM Saturdays 1.5-3 Years 9:30 AM Saturdays 3-4 Years 10:30 AM Saturdays 4-5 Years 11:30 AM
Winter Session I: Saturdays 3-4 Years 8:30 AM Saturdays 1.5-3 Years 9:30 AM Saturdays 3-4 Years 10:30 AM Saturdays 4-5 Years 11:30 AM

KICKSTARTERS

SOCCER PROGRAM

Fall & Winter I 2010

Mail Registration Form and Payment to:
CISC
515 Old Westminster Pike
Westminster, MD 21157

Name _____ Birth Year _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ E-mail (required) _____

Mother's Name _____ Father's Name _____

Form of Payment: Check _____ MC/Visa _____ Discover _____

Credit Card Number _____ Exp. _____ V-Code _____