



CENTRE FOR EXCELLENCE 2008/2009

Phase 1 (10 weeks)	
First Session	Monday September 15 th
Holiday	Monday October 13 th
Final Session	Monday November 24 th
Phase 2 (10 weeks)	
First Session	Monday January 5 th
Final Session	Monday March 9 th

Location: (all 3 phases) Mackie Park Turf 110th Avenue and 80th Street, Delta BC.

No CFE on holidays.

1 – Soccer Star Program (U6 to U9)

Age Group: Born 2003/02/01/00
Session Time: Mondays 5:30pm to 6:30pm

2 – Soccer Smart Program (U10 to U13)

Age Group: Born 1999/98/97/96
Session Time: Mondays 6:30pm to 8:00pm

3 – Goal Keeper A (U9 to U11)

Age Group: Born 2000/99/98
***Please note new time: Mondays 6pm to 7pm**

4 – Goal Keeper B (U12 to U14)

Age Group: Born 1997/96/95
***Please note new time: Mondays 7pm to 8pm**

A note on the CFE grouping process:

Each player will be assigned to groups based on their technical and physical abilities first and foremost. Players need to demonstrate a consistent ability to perform better than those around them in order to move up in ability groupings.

	Phase 1	Phase 2
1 - Soccer Star (U6-U9)	\$100	\$100
2 – Soccer Smart (U10-U13)	\$150	\$150
3 – Goal Keeping A** (U9-U11)	---	---
4 – Goal Keeping B** (U12-U14)	---	---

**Cost of goal keeping clinic is covered by NDYSC for registered club players only. Pre-registration is required and a commitment to complete the program is expected.

Cheques payable to: North Delta Youth Soccer Club (NDYSC)
PO Box 71039 7921 120th Street
Delta BC V4C 6P6

***NEW* Team Discount:** You can now register as a team and receive a 25% discount off of each registration. Teams must register a minimum of 10 (paying) players, not including goalies.

To register as a team - Attach each player's registration form to the CFE Team Summary. List all player's names on the summary form and send in with registration forms and payment as a team.

Please direct questions to:
registrar@northdeltasoccer.com
or
playerdevelopment@northdeltasoccer.com

Discount - 2nd child is 15%, each additional child add 10% discount. (ex. 3 children would be a 25% discount on total sum)

Refunds available should you find our training environment unsatisfactory. Credit to future COE Camps for sessions that are cancelled due to field closure.



REGISTRATION FORM 2008/2009

Player Name: _____

Division: _____

Team Name: _____

Gender: Male / Female

Program: 1 2 3 4

Phase: 1 2

Medical Concerns: _____

Parent/Guardian Information:

Name: _____

Email: _____

Phone # 1: _____

Phone # 2: _____

Mailing Address: _____

*Complete a separate form for each additional child
Indicate players name on any payment submitted*

By submitting this form you agree that neither Ajit Braich Soccer Academy nor any of its affiliates and staff will be held responsible for any accident or loss, however caused, and agrees to release all instructors and or staff from all claims and damages which may arise as a result of/or by reason of such accident or loss.