



LE CENTRE DE SPORTS

5757, avenue Wilderton, Montréal QC H3S 2K8
Tél. : 514-738-2421 poste 132 • Fax : 514-738-5466 • www.hcgm.org
Courriel : sports@hcgm.org



SPORTS CENTRE 2017/18 SOCCER PROGRAMME

The administration and staff of the Sports Department are pleased to invite you to look over the soccer activities offered for the 2017-2018 season. Established in 1984, the sports department's main objective is to provide quality programmes and services and a variety of special events.

This year we are offering the following **SOCCER** activities which will be at the MONTREAL SPORTS CENTRE

SOCCER OFFERED: SATURDAYS (Duration: Sept. 9, 2017 - June 2, 2018)

Ages 5-6 9:30a.m. - 10:45 a.m. / **Ages 7-9** 11:00a.m. - 12:30 p.m. / **Ages 10-12** 12:40 p.m. - 2:20 p.m.

(*PLEASE NOTE THAT IF THERE IS NO INTEREST, THE PROGRAMME WILL BE CANCELLED)

COST FOR SEASON IS \$180 PER CHILD, MINIMUM: 12 PLAYERS PER AGE GROUP

PLUS EXTRA \$50 FOR SOCCER UNIFORM, PAYABLE IN CASH (INCLUDES JERSEY, SHORTS & SOCKS)

This programme is designed to teach the skills required to play soccer. Children are having fun and improving their abilities while learning to love soccer. They will be taught the basics of soccer as dribbling, passing, shooting and control of the ball. This programme will teach and help improve the basic techniques required to play the fun game of soccer.

FOR FURTHER INFORMATION CALL THE ATHLETICS DEPARTMENT AT (514) 738-2421 ext. 132 (after 5:00 p.m.)

Deadline to register by returning the following **form to school** is September 6, 2017

OR come in person at our main sports centre 5757 Wilderton between 9:00 a.m.-1:00 p.m. on September 9, 2017.

Please return this form to School by September 6, 2017

OR come in person at our main sports centre, 5757 av. Wilderton, between 9:00 a.m.-1:00 p.m. on September 9, 2017.

PAYMENTS MUST ACCOMPANY THE REGISTRATION FORM

CAMPUS: _____ AGE: _____ \$: _____ (\$: _____ uniform)

CHILD'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ POSTAL CODE _____

DATE OF BIRTH: _____ EMERGENCY CONTACT: _____

PHONE: _____ PERSON TO PICK UP CHILD _____

RELATION TO CHILD: _____ EMAIL: _____

SIGNATURE _____ DATE: _____