



PRO TOUCH SOCCER ACADEMY

"THE BRIDGE & EXPERIENCE TO PROFESSIONAL FOOTBALL"

Suite 12
12-19 Greenwood Place
Kentish Town,
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T/F. 020 7419 4522
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www.protouchsocceracademy.com

1st November 2011

Dear Parents / Guardians,

Thank you for showing interest in Pro Touch Soccer Academy (PTSA) Soccer School programme based in Evelyn Grace Academy (EGA).

Following the success of our existing programmes we are expanding into South London with our Development Soccer School in the London Borough of Lambeth. Players who show ability during our sessions will be invited to train with our Elite Academy Squads, on Sunday's based in Islington N7 9PL, with opportunities to progress onto securing professional trials with clubs across London such as Arsenal, Chelsea, Brentford, Charlton, Millwall, Crystal Palace, Fulham, Tottenham Hotspurs and many more.

Starting from Friday 4th November then every Friday from 5pm to 7pm at **Evelyn Grace Academy (Brixton), 255 Shakespeare Road, London SE24 0QN** (10 mins from Brixton Tube Station – Victoria Line).

Costs: £15 Every Month per Player

Please bring full training kit including sweat top/shirt, short, socks, shin pads & astro/moulded boots along with a bottle of water.

The PTSA cannot be held responsible for any lost or damage to participate(s) belonging during the soccer school programme.

For further information, please contact Carlos Santos (Academy Development Manager), on either 07956 304149 or email csantos@protouchsocceracademy.com

Thank you for your time and co-operation,

Kind Regards,

Carlos Santos
Academy Development Manager



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PTSA EGA SOCCER SCHOOL APPLICATION

A Parent / Guardian **MUST** fill in every (*) section of this form otherwise it will not be considered. The amount of £15 has to be paid in the first Friday of each month.

*Full Name: _____	
*Date of Birth: _____/_____/_____	Age: _____
*Home Telephone No.: _____	_____
*Mobile No.: _____	
*Address: _____ _____	
Borough: _____	
*Post Code: _____	Email: _____
*Emergency Contact Full Name: _____	
*Telephone No.: _____	
*School Name: _____	*School Year: _____
*Address: _____	
*Telephone No.: _____	
*Doctor Full Name: _____	
*Surgery Address: _____	
* Telephone No.: _____	
Please feel free to add anything you feel we should know or be aware of your child? _____	
*Current Club (s), District, County you play for if any: _____	
*Where did you hear about our Soccer School: _____	