



PRO TOUCH SOCCER ACADEMY

"THE BRIDGE & EXPERIENCE TO PROFESSIONAL FOOTBALL"

Suite 12
12-19 Greenwood Place
Kentish Town,
London NW5 1LB
T/F. 020 7419 4522
M. 07500 421 944 / 07956 304 149
E: info@protouchsocceracademy.com
www.protouchsocceracademy.com

1st November 2011

Dear Parents / Guardians,

Thank you for showing interest in Pro Touch Soccer Academy (PTSA) Soccer School program based in Royal Hospital South Grounds, Chelsea Embankment Gardens.

Following the success of our existing programmes we are expanding into South West London with our Development Soccer School in the Royal Borough of Kensington & Chelsea. Players who show ability during our sessions will be invited to train with our Elite Academy Squads on Sundays 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 Saturday 5th November then every Saturday from 10am to 12pm at Royal Hospital South Grounds, Chelsea Embankment Gardens, London, SW3 4LW

Costs: £10 Every Session 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 Mus Turay (Academy Project Manager), on either 07500 421 944 or email mturay@protouchsocceracademy.com

Thank you for your time and co-operation,

Kind Regards,

Mus Turay
Academy Project Manager



PRO TOUCH SOCCER ACADEMY

"THE BRIDGE & EXPERIENCE TO PROFESSIONAL FOOTBALL"

Suite 12
12-19 Greenwood Place
Kentish Town,
London NW5 1LB
T/F. 020 7419 4522
M. 07500 421 944 / 07956 304 149
E: info@protouchsocceracademy.com
www.protouchsocceracademy.com

PTSA RBKC SOCCER SCHOOL APPLICATION

A Parent / Guardian **MUST** fill in every (*) section of this form otherwise it will not be considered. The amount of £10 has to be paid at the end of each session.

*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: _____	