

MAY HALF TERM CRICKET CAMP 26TH TO 29TH MAY

AGE GROUPS 5-7yrs 8-11yrs 12-14yrs 14-18yrs

NEW ELITE
AGE GROUP
14-18yrs

Expert Coaching
Develop Skills & Fitness
Indoor Matches
Elite Groups
Enjoy Cricket

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enjoy the game

May Half Term Camp

REGISTRATION FORM

Age Groups:

5–7yrs 8–11yrs 12–14yrs

Camp Times:

10:00am – 4:00pm

For parents convenience drop off available from 8:00am and late pick up to 5:30pm. Speak to a member of staff for details.

Fees:

£22.50 per day or £80 for 4 Days. Payable by Cash, Card or Cheque. Please make cheques payable to City Cricket Academy. We accept all major credit and debit cards.

Booking:

Please call or email to book your place or alternatively complete the form below and send it to us with full payment at: City Cricket Academy, 8 Commercial Square, Freemans Common, Leicester, LE2 7SR

What you will need to bring:

Cricket Kit (equipment available to borrow), clothing full whites or white top/CCA training top and tracksuit bottoms with indoor trainers, A healthy packed lunch and plenty to drink. There will be drinks and refreshments available to buy.

During our camps training includes:

Fitness for Cricket, Fielding Drills, Skills Sessions, One to One Coaching, Net Practice, Game Situations & much more. Above all, enjoyment & development. Cricketers of all experience are welcome including beginners. Our programme is conducted and supervised by English Cricket Board qualified coaches, current and former first class cricketers.

All staff at City Cricket Academy are C.R.B checked.

NEW elite age group training for 14-18yrs

TIME: 10am - 1pm, cost: £15 per person

These sessions are specially designed for advanced cricketers!
Drills - Nets - Bowling Machine - Individual Development

Please select the days you would like to attend:

Tue 26 th May	<input type="radio"/>	Wed 27 th May	<input type="radio"/>	Thu 28 th May	<input type="radio"/>	Fri 29 th May	<input type="radio"/>
Elite Camp	<input checked="" type="radio"/>	Elite Camp	<input checked="" type="radio"/>	Elite Camp	<input checked="" type="radio"/>	Elite Camp	<input checked="" type="radio"/>

First Name:	Surname:		
Email:	D.O.B:	AGE:	
Address:			
Emergency Contact Telephone No:			
Please list any medical conditions we should know about:			

Please continue on a separate piece of paper if necessary