

to book your place call us on
0116 254 3333

or email
info@citycricketacademy.co.uk

city
cricket
academy

Mon 19th - Fri 23rd DEC

Christmas

CRICKET CAMP

Age Groups:

5-7yrs

8-11yrs

12-14yrs

14-18yrs

EXPERT COACHING

DEVELOP NEW SKILLS

CRICKET MATCHES & COMPETITIONS

ENJOY CRICKET



follow us @citycricket

Camp times: 10am to 4pm. Early drop off from 8am & late pick up to 5:30pm available.
To book your place call us on **0116 254 3333** or email info@citycricketacademy.co.uk

8 COMMERCIAL SQUARE, FREEMENS COMMON, LEICESTER, LE2 7SR

www.citycricketacademy.co.uk

Christmas Cricket Camp

REGISTRATION FORM

Age Groups:

5–7yrs 8–11yrs 12–14yrs 14–18 yrs

Camp Times:

10:00am – 4:00pm

For no extra cost and parents convenience drop off available from 8:00am and late pick up to 5:30pm.

Speak to a member of staff for details.

Fees:

£25 per day or £112.50 for the full week. 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.

All staff at City Cricket Academy are D.B.S checked.

Please tick the days you would like to attend, you can attend as many days as you wish.

Age Groups	5-7yrs	8-11yrs	12-14yrs	14-18yrs
MON 19th DEC				
TUE 20th DEC				
WED 21st DEC				
THU 22nd DEC				
FRI 23rd DEC				

First Name:									
Surname:									
D.O.B: DAY / MONTH / YEAR								AGE:	
Address:									
Email:									
Emergency Contact Telephone Numbers:									
Please list any medical conditions we should know about:									