

city
cricket
academy
enjoy the game

SUMMER HALF TERM CRICKET CAMP

30TH MAY TO 2ND JUNE



Age groups:

5-7yrs

8-11yrs

12-14yrs

14-18yrs

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

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

8 COMMERCIAL SQ, FREEMENS COMMON
LEICESTER, LE2 7SR, TEL: 0116 254 3333
EMAIL: info@citycricketacademy.co.uk



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www.citycricketacademy.co.uk

Summer Half Term Camp

REGISTRATION FORM

Age Groups:

5—7yrs 8—11yrs 12—14yrs
14—18 yrs (advanced group)

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. 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
TUE 30th MAY				
WED 31st MAY				
THU 1st JUN				
FRI 2nd JUN				

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:												