



Indoor Winter Soccer Clinic

Soccer Clinic

Clinic Dates (10 weeks):
Sundays, January 4 - March 8

Time
12 to 1 p.m. (6-8 years of age)

Location
1540 West Park Avenue, Suite 4
Tinton Falls, NJ

Cost - \$250 (registration limited)

Always bring: Water bottle, soccer ball and shin guards

Visit us online at
www.RTC-Training.com, call
732-406-4454, or e-mail
rob@rtc-training.com.

RTC Training offers Indoor Soccer Training Starting in January

Registration is open for the RTC Training's 10 week Soccer Clinic for those 6 - 8 years of age. This winter soccer clinic is designed to provide a fun, positive environment for all kids while helping them become better soccer players. Sessions will include footskills, soccer skills and strategies and small sided games. This clinic is offered by Robert Cavanaugh, director of RTC Training.

Robert Cavanaugh (USSF Licensed Coach)

Robert attended Red Bank Catholic where he broke every individual soccer record and earned All County, All Shore, and All State honors. He continued on at Division 1 Monmouth University where he was a four year starter on the soccer team.

Cavanaugh currently coaches both boys and girls soccer club teams in Monmouth and Ocean counties and has been a soccer trainer for the past 14 years. Robert also successfully launched his Cool Runners Fitness running camp two years ago.

For more information, please visit RTC-Training.com, call 732-406-4454 or email rob@rtc-training.com. You can find us on Facebook at RTC Training.

Registration Form

Indoor Soccer

Mail to: RTC Training
33 Lakeview Avenue, West Long Branch, NJ 07764

Waiver/Release: In consideration of your accepting my or my child's entry, I hereby certify that I and/or my child/ children are physically able to compete in this event/program. I waive and release any claims I may have against the event organizers, and any representatives/employees/ counselors involved in RTC Training's Soccer Program for any and all injuries suffered. I certify that I and/or my child is physically able to compete in this event and has no limitations that will prevent him/her from doing so.

First Name _____ Last Name _____ Age _____

Address: _____ Town: _____ Zip: _____

Phone: _____ E-mail: _____

Parent Signature _____ Date: _____