



Futsal Training Program: 2010

US Soccer Coaching & the San Jose Earthquakes

US Soccer Coaching in partnership with the San Jose Earthquakes is launching a brand new, professional Futsal Training Program this winter for players of all ages and levels. Players will have the option to be trained by a Futsal Qualified trainer with every player will getting 8 sessions, a ticket to a San Jose Earthquakes game, player appearance and photo. **ONLY \$99**

PROFESSIONAL FUTSAL TRAINER: BRIAN

After playing for his school, college and professionally for a short time Brian received his degree and Masters while beginning his coaching experience and qualifications. Brian's master's was funded by NASA, which enabled him to fund his coaching qualifications that are the highest possible in the USA for Youth Soccer (A License) and Futsal (B License).

COACHING QUALIFICATIONS: 'A' License: USSF, CBFS (Confederação Brasileira de Futebol de Salão) Futsal License, 'B' License: Instituto Brasileiro de Futebol (BFUT)

FUTSAL TRAINING SESSION PROGRAM SPECIFICS: The Futsal Clinic and Practice program is for players looking to develop their foot skills through the game of Futsal. Understood throughout the world that Futsal is great for fast feet, skills and control we have a program for players to participate in that can add more to your game of soccer. Sign up as an individual or as a team for training

AGES: 8 – 15 years

DAYS: Sundays

LOCATIONS: SAN JOSE OR SUNNYVALE

INDIVIDUAL PLAYER DAYS & TIMES: Sundays from December to February

INDIVIDUAL COST: ONLY \$99

TEAM COST: ONLY \$900



PROGRAM SPECIFICS

- December 2010 - February 2011
- 12/5/10 to 2/27/11 = 8 sessions
- Futsal Clinics
- San Jose Earthquake Ticket for every player for 2011 season opener
- San Jose Earthquake Player Appearance
- 8 sessions
- Photo
- \$99 a player. \$13 a week !!!!

TEAM or PLAYER Sign Up Form

MAIL: Mail the information form below and check payable to 'US Soccer Coaching' to: USSC, PO Box 2913, Cupertino, CA, 95014

ONLINE: Visit www.ussoccercoaching.com/programs and register for the program you want

CLINIC PROGRAM: Please specify.....

LOCATION WANTED: Please specify.....

Player or Team Name: _____ Age: _____ Level: _____

Parent or Coach Name: _____ Phone #: _____

E-MAIL: _____ Signature: _____ Date: _____



For extra information visit www.ussoccercoaching.com or email info@ussoccercoaching.com