



# SPARTAN SPROUTS Soccer Camp LLC



## JULY 20<sup>TH</sup>- 23<sup>RD</sup> 2020

Spartan Sprouts Soccer Camp LLC is designed to provide youth players with an outstanding soccer learning experience. The sessions feature a positive learning environment in all aspects of soccer, from individual to group activities. Sprouts camp is open to all boys and girls ages 5-9, and is geared to the young developing player or first time player. Players will be instructed by members of the MICHIGAN STATE UNIVERSITY SOCCER STAFF as well as current/former players and local coaches.

### IMPORTANT INFORMATION ABOUT SPROUTS CAMP

**AGE:** Open to all boys and girls ages 5-9

**CAMP DATES:** July 20<sup>th</sup> – 23<sup>rd</sup>, 2020 (Mon. – Thurs.)

**CAMP TIMES:** 10:00 a.m. – 1:00 p.m.

**LOCATION:** Central Park, 5153 Marsh Rd., Okemos, MI 48864 (Behind the Meridian Charter Twp. Municipal building)

**CAMP FEE:** \$135.00 (Family discount - \$20 off each camper that attends with a relative). All campers will receive a Spartan Sprout t-shirt!

**CONTACT:** Tammy Farnum at 517-881-7385

[tammyfarnum@hotmail.com](mailto:tammyfarnum@hotmail.com)

Online registration: [www.sproutssoccercamp.com](http://www.sproutssoccercamp.com)

### SCHEDULE FOR SPARTAN SPROUTS CAMP:

9:45 a.m. Arrival and Check-in

10:00 a.m. Group Warm up

10:30 a.m. Individual Skills

11:30 a.m. Break  
(snack, camp bonding activities & soccer Q and A)

11:50 a.m. Soccer Related Games

12:30 p.m. Instructional Small-sided Games

1:00 p.m. Camp Day Ends

**Spartan Sprouts Facebook:**

<https://www.facebook.com/Spartansproutssoccercamp/>

A large portion of the proceeds will go to support children's cancer research/support groups in the local community in memory of Adalin Farnum - Age 9

(Adalin was the oldest child of James and Tammy Farnum and passed away in 2011).

RANDOM ACTS OF KINDNESS [www.friendsofadalinfarnum.blogspot.com](http://www.friendsofadalinfarnum.blogspot.com)

Cut and Mail registration below  
2020 SPARTAN SPROUTS SOCCER CAMP LLC

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ (for confirmation) Phone: \_\_\_\_\_ (Emergency Number)

Current grade in school: \_\_\_\_ Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

T-Shirt Size (circle selection) Youth: S M L XL (or) Adult: S M

Amount Enclosed: \_\_\_\_\_

**Please return check to: Spartan Sprouts Soccer Camp LLC, 3835 Windy Heights Dr. Okemos, MI 48864**

I understand that Meridian Township Parks and Recreation at Central Park nor anyone associated with the Spartan Sprouts Soccer Camp will assume any responsibility for accidents and medical and/or dental expenses incurred as a result of participation in the camp. I certify that my child \_\_\_\_\_ is in good health and may participate in this camp. I grant permission for my child \_\_\_\_\_ to be given emergency treatment at a local hospital.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_