

TCSA 2023 SUMMER CAMPS

The TCSA Summer Camps are a fun and stimulating educational summer experience for all players involved in soccer. The camps will focus on strengthening and improving fundamental technical abilities in the areas of dribbling, passing, and shooting, as well as expanding on tactical knowledge of the game of soccer in a small sided game environment. Professional coaching staff will demonstrate and instruct daily topics covered and players will be split up into groups based on their age and ability in order to create a challenging training environment appropriate for each player. These camps will be a great experience for all players as they will be packed with fun activities that guarantee each player's improvement in fundamentals of the game of soccer.

Dates & Time	Pricing	Location		
June 19-23, 2023 (Mond	Breen Park South			
9:00 am – 11:00 am	\$149	The fields are located on		
June 26-June 30, 2023	(Monday – Friday)	Peck Road (west side of the road) just south of Route 38 and the District 303 Bus		
9:00 am – 11:00 am	\$149			
July 17-21, 2023 (Monday – Friday)		facility.		
9:00 am – 11:00 am	\$149			
July 31-Aug. 4, 2023 (Me				
9:00 am – 11:00 am	\$149			
9:00 am – 1:00 pm	\$249			

For additional information or questions please contact: Alen Osmanovic at alen@tcsa.net



Tri-Cities Soccer Association P.O. Box 477 St. Charles, IL 60174 Phone: (630) 377-1101 Fax: (630) 377-2022 Email: tcsa@tcsa.net



TCSA 2023 SUMMER CAMPS Registration/Waiver Form

Please fill out completely and mail to: TCSA, P.O. Box 477, St. Charles, IL 60174

TCSA Camps	Camp Time: Monday-Friday			T-Shirt Size	
☐ Week 1 June 19-23	9 am – 11 am			☐ Youth Small	
☐ Week 2 June 26-30	9 am – 11 am			☐ Youth Medium	
☐ Week 3 July 17-21	9 am – 11 am			☐ Youth Large	
☐ Week 4 July 31- Aug.4	□ 9 am – 11 am	□ 9 am – 11 am □ 9 am – 1 pm		☐ Adult Small	
Player/Parent Information					
Players Name:			Birth Date:		
E-Mail:		Home:			
City:		Cell:			
State:			Zip:		
Payment Information					
☐ Credit Card		☐ Check (make payable to: TCSA)			
Name on Card					
Credit Card Number:					
Expiration Date: CVS:					
In Case of an Emergency					
Name:					
Relationship to Child Phone Num			ne Numbe	r:	
I certify that my son/daughter is in good health and capable of participating in all soccer drills. I also grant the directors permission to obtain specialists in the event of an emergency and agree to bear the expenses of such procedures. I understand that all applicants are required to have accident insurance coverage during the sessions.					
Parent/Guardian Signature:			Date:		



Tri-Cities Soccer Association P.O. Box 477 St. Charles, IL 60174 Phone: (630) 377-1101 Fax: (630) 377-2022 Email: tcsa@tcsa.net