  

 **MACARTHUR FOOTBALL FAMILY CLUB FOOTBALL DEVELOPMENT PROGRAM**

**Contacts**

Club Name……………………………..………………………………………………….………………………………………………………………….

Contact Person(s)………………..………………………..……………………………..……………………………………………………………….

Contact email address…….…………………….………………………………………………………………………………………………………

Mobile(s)……..………………..…………………………………………………………………………….……………………………………………….

Coach……………………………………………………………………..Mobile……………………..………………………………………………….

**Session information**

Venue………………………………………………………..………………………………………………………………………………………………

Day and Date ………………………………………………………………...………………………………………………………………….………

Alternate Dates (2)…………..…………………………………………………………………………………………………………………………..

Start and Finish Time…………………………………………………………………………………………………………………………………..

Age group………………………………………..How many players expected…………………………………....………………………

How much area will we have for training i.e. half pitch / 30 x 30 / mini field?

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Topic to be covered………………………………….……………………………………..…………………………………………………………..

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Any further information ………………………………………………………………………………………………………………………………….……………………………………........................................................................................................................................................................

For each **session** (not visit) a new form needs to be filled out

Sessions will be up to 45 minutes for up to u/7

Sessions will be up to 60 minutes for u/8 –u/11

Sessions will be up to 75minutes minutes for teams aged over 12