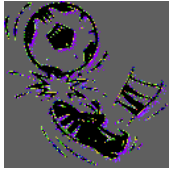


Dear Prospective Campers and Parents,

Soccer has been a passion of mine since childhood. I love the game and hope to share my love of soccer with others. The overall goal at Heights Soccer School is to provide a strong foundation of the game of soccer through challenging yet enjoyable activities. The focus will be on the development of each individual's technical and tactical abilities, in order to improve overall consistency and performance. The camp provides a competitive environment that will challenge our campers to bring their game to the next level.

Please feel free to contact me with any further questions or to discuss the camp in further detail. I look forward to seeing you at soccer camp this summer!



CONTACT INFORMATION

Mike Roof
908-377-5784
mroof16@gmail.com

Daily Schedule

9:00-9:30 Static Stretching/
Dynamic Warm-Up
9:30-10:15 Station Training
10:15-11:00 Small-Sided Games
11:00-11:20 Lunch/Snack
11:20-12:00 Competitive Games/
Trivia for Prizes



2026

**Heights Soccer
School**

at

**Gov. Liv. High School
Berkeley Heights, NJ**

June 22-25

(Rain Date is June 26)

For girls entering grades 1-9

HOURS

Monday, June 22-Thursday, June 25
9:00 AM – 12:00 PM

CAMP FEE

- \$260.00 per camper
- **(\$20 discount if a sibling also attends camp)**
- Each camper will receive a camp T-shirt
- A non-refundable deposit of \$130.00 must accompany the registration form by June 8th, with the balance to be paid in full before or upon arrival of the 1st day of camp.



Registration

Form

Please submit this form with a check for the deposit (or total payment) to:

Heights Soccer School
75 N. Passaic Ave.
Chatham, NJ 07928

Camper's Name _____

Parent's Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Emergency Contact Name and Number

Grade in September 2026 _____

T-SHIRT SIZE (please circle one)

Youth: S M L XL

Adult: S M L XL

PLEASE NOTIFY CAMP DIRECTOR OF ANY ALLERGIES OR MEDICAL CONDITIONS!

As a parent/guardian, I am aware that the sport of soccer involves physical contact which could result in injury. Heights Soccer School has my permission to provide medical care in the event of illness or injury

Signature _____