

Adam Collins

CCS Teacher and Coach
5 years experience with
CCS Summer Soccer Camp

Craig Chatman

CCS Teacher and Coach
2 years experience with
CCS Summer Soccer Camp

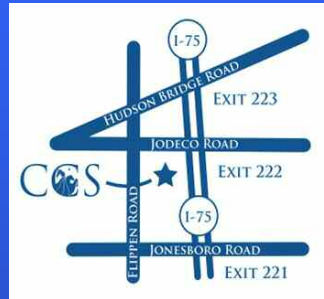
Instructors

Select Former and Current
CCS Soccer Athletes

Need more information?
Please contact Adam Collins at
adam.collins@communitychristianschool.net

Location

CCS Soccer Field
2001 Jodeco Road
Stockbridge, GA 30281



From North: Travel south on I-75 to exit 222, Jodeco Road, approximately 12 miles south of I-285. Exit and turn right on Jodeco Road. CCS is approximately 1/2 mile on the left.

From South: Travel north I-75 to exit 222, Jodeco Road. Exit and turn left on Jodeco Road. CCS is approximately 1/2 mile on the left.

Community Christian School



SOCCER CAMP



2017

The camp focuses on creating a fun experience while developing technical skills. It will enable players to begin preparation for the fall season in a secure, focused, and competitive environment. The camp incorporates advanced-training games for older players and fun, game-related activities for younger players. The camp also includes speed and agility training for all ages. The players week at camp will culminate with a fun water day.



Need more information?

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adam.collins@communitychristianschool.net



COMMUNITY CHRISTIAN SCHOOL
2001 Jodeco Road, Stockbridge, 30281
School: 678-432-0191

Camp Information

When: June 26-June 29, 2017, from 9am-12pm

Who: Ages 5-12

Location: CCS Practice Field- 2001 Jodeco Rd

Cost: \$75 (non-refundable)- includes a camp shirt

Discounts: \$5 discount for 2nd child and \$10 discount for 3 children or more

Equipment: Wear athletic apparel appropriate for weather conditions; shin guards are required each day

FEES

Total Amount: \$ _____

Payment Method:

Cash _____ Check _____ Credit Card _____

Check #: _____

Credit Card #: _____

Name on Card: _____

Expiration Date: ____/____/____

Staff Initial: _____

Registration

CAMPER

PLEASE PRINT

First & Last Name

Address

City, State, Zip Code

Home Phone

Age _____ Date of Birth (MM/DD/YYYY) _____

School Attended 2016-2017

T-Shirt Size: YS YM YL AS AM AL AXL

EMERGENCY CONTACTS

Parent Name

Cell Phone

Parent Name

Cell Phone

MEDICAL

Insurance Provider

Policy #

Medical Problems/Allergies