



SCHOOL HOLIDAY FOOTY CLINIC

PROFESSIONAL COACHING from elite
EAST FREMANTLE PLAYERS including

Liam Anthony, Andrew Stephen, Bradd Dalziell & Brianna Green



Liam Anthony, 58 AFL games
North Melbourne



Andrew Stephen, 3 x WA State Rep,
2013 Lynn Medallist



Bradd Dalziell, 43 AFL games
West Coast & Brisbane



Brianna Green, 7 x State Rep,
Asst Coach EF Youth Girls

Friday 17th April

ATOM Stadium (East Fremantle Oval)

9:30am - 1:30pm

Primary School Aged boys & girls. \$75 per child

Get an East Fremantle Showbag: (T-shirt + Footy + Sharks team poster + Sharks Tattoo + \$25 discount on Sharks jumper), sausage sizzle & drink PLUS Sharks and special guest AFL players will be there to sign autographs and have a meet and greet with participants!

Parents can be treated to a gourmet morning tea, in the comfort of our Sponsors Lounge, overlooking the oval.



For more info or to book visit www.effc.com.au or call 9339 5533



EAST FREMANTLE SHARKS APRIL SCHOOL HOLIDAY CLINIC

DATE: FRIDAY APRIL 17TH
VENUE: EAST FREMANTLE OVAL
TIME: 9:30AM - 1:30PM
COST: \$75

Places are limited so please ensure you enrol before Friday, April 10th.

[Register online at www.effc.com.au](http://www.effc.com.au)

You will need to bring:
Football Gear, Drink Bottle, Hat & Sunscreen

For further information please contact EFFC on 9339 5533 or admin@effc.com.au

By registering for this clinic you give permission for your child's photograph to be taken at the clinic and used in future promotions by EFFC. If you do not wish this to happen please contact kate.argent@effc.com.au

Child's Name: _____ Name of a friend you want be in a group with _____

Age: _____ School Year: _____ T-Shirt size (6-14): _____ Add Jumper? (+\$35)

Child's Name (2): _____ Name of a friend you want be in a group with _____

Age: _____ School Year: _____ T-Shirt size (6-14): _____ Add Jumper? (+\$35)

Child's Name (3): _____ Name of a friend you want be in a group with _____

Age: _____ School Year: _____ T-Shirt size (6-14): _____ Add Jumper? (+\$35)

Any allergies or dietary requirements: _____

Parent or emergency contact: _____

Address: _____

Mobile: _____ Email: _____

Holiday Clinic \$75 x _____ = \$ _____

Sharks Jumper \$35 x _____ = \$ _____

Parent's Morning Tea \$25 x _____ = \$ _____ Name/s: _____

Please find enclosed cash/cheque payment of \$ _____ or debit my VISA / MASTERCARD

Card number: _____ Expiry date: _____ / _____

Signature: _____ Name on card: _____

Mail to: PO Box 43 PALMYRA WA 6957
Email to admin@effc.com.au