



2 0 1 2
SKILL BUILDER PROGRAM

*Skills Only Individual Developmental Program (not a Team Format)
Open to Girls and Boys: 3rd through 8th Grade players*

VCTW believes strongly in the AAU motto: "Sports for all, Forever" and is one of the few clubs to offer a "no cut" developmental skills program for any player who wants to improve their skills and fundamentals!

The "Prepare to Succeed Skills Program" is open to all girls and boys 3rd – 8th Grade, regardless of ability.

WHAT YOU GET:

- Athletes will get 5-6 Skills Sessions/mini-camps in this program.
- Skills Sessions have been conducted by College coaches, Professional Players, Head High School coaches and our Team Wisconsin coaches.
- Skills Sessions are typically 1 session (1.5-3 hours)
- Mini Camps are multiple sessions in one day.

This program is not a TEAM PROGRAM.

If you want to improve your game, there is a place here for you!

PROGRAM COST: \$100 (sorry no refunds or pro-rated rates for missed events)

Schedule:

March 31 or April 1:	Prepare to Succeed Mini Camp	time and location TBD
April 21 or 22:	Focus on Fundamentals Skills Session	Menomonie, WI
May 25th:	Challenge Yourself Skills Session	Menomonie, WI
Summer 2012	Strive for Excellence Mini Camp	time and location TBD
July 6th:	Challenge Yourself Skills Session	Menomonie, WI
Fall 2012:	Pre-Season Tune Up Mini Camp	time and location TBD

**Times and locations for Skill Sessions and Mini-Camps will be posted on www.wivikingclub.org*

Contact vikingclub@wivikingclub.org or call 715-231-4000 for more information



SKILL BUILDER PROGRAM REGISTRATION

Athlete's Name: _____

Year in school (2011-2012): _____ **Birthdate:** _____

School: _____

Parents Names: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (Home): _____ **Phone (Cell):** _____

Email 1: _____

Communication is done through emails, so it is very important to have a working email address

Parent Signature (for athletes under 18): _____

Form of Payment: _____ **Check or Money Order \$100**

_____ **Credit Card payment \$105**

Credit Card Information: _____ **Visa** _____ **MasterCard** _____ **Discover** _____ **AMEX**

Card Number: _____ - _____ - _____ - _____ (Visa/MC/ Discover)

_____ - _____ - _____ (AMEX)

Expiration Date: _____ (month) / _____ (year)

Billing Address of Card holder:

_____ (street) _____ (city) _____ (state) _____ (Zip)

Printed Name of Card Holder: _____

Signature of Card Holder: _____

Send to: Wisconsin Viking Club 2409 Stout Rd #1 Menomonie, WI 54751