

# South Shore Soccer Coaches Clinic

**Join the top coaches in New England for a unique experience to learn how to plan and implement the best training sessions for your high school, club or youth team.**

**Location:** South Shore Sports Center  
55 Recreation Park Drive  
Hingham, MA 02043

**Dates:** February 6<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup> and March 6<sup>th</sup>, 20<sup>th</sup>

**Sessions:** I: 4-6 pm and II: 5-7 pm

**Cost and Duration:** \$120 for 5 classes (10 hours total),  
\$90 for 3 sessions and \$50 for 1 session

**Registration Deadline:** January 30, 2010 (first come, first serve)



## Coaching Instructors

### Alison Foley-Director

- Head coach of Boston College's Women's Soccer Program
- Boston College was Ranked Number 7 in the country
- NSCAA Advanced National and USSF Class A coaching licenses

### Kristine Lilly-Special Clinician

- USA National Team Player
- Olympic Gold Medalist
- Winner of 2 World Cups
- Currently plays for the Boston Breakers

### Marco Koolman-Clinician

- Assistant Men's Soccer Coach Boston College
- NCAA Division II Coach of the Year 1993 Gannon U.
- 2007 National Champions Franklin Pierce and Div. II COY

### David Kulik-Clinician

- Head Men's Soccer Coach Clark University
- Two Time NEWMAC coach of the year
- "A" License
- Former Men's Asst. Coach Yale U. and Boston College
- Former Professional player Boston Bolts Miami Freedom ASL

### Sarah Dacey-Clinician

- Head Women's Soccer Coach Babson University
- 3 time national champion UNC
- Former Professional Boston Breakers
- Asst coach at Providence, B.C. University of Tennessee

*Other Clinicians to make special appearances*

## Program Includes:

Certificate of attendance  
Course Manual  
Food (pizza)  
T-Shirt for every participant

## How to Register

Fill out form on back and mail to  
the Sports Center located at:  
55 Recreation Park Drive  
Hingham, MA 02043

Please contact Laurindo Lima at  
781-413-7546 with any questions.



# South Shore Soccer Coaches Clinic Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

What day(s) are you registering for? \_\_\_\_\_

What session(s) are you registering for (please circle):    One    Two

Club/School/Organization \_\_\_\_\_

Previous Coaching Certificates, if any (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Make check payable to “South Shore Sports Center” and return with this form to:**

For South Shore Sports Center use only:

Name: \_\_\_\_\_

**South Shore Sports Center  
Attn: Laurindo Lima  
55 Recreation Park Drive  
Hingham, MA 02043**

Check #: \_\_\_\_\_

**781-740-1105**

**info@southshoresportscenter.com**

Amount: \_\_\_\_\_