MATT ANALTS EASTER HOLIDAY MULTI SPORT FUN DAYS CURRENT YEAR 2-6

c/o Saltford Primary School
17 The Mount
Trowbridge
Wiltshire
BA148SZ
Tel: 07799646613 (Matt - Mobile)
mattanalts@yahoo.co.uk
26th February 2024

Dear Parents/Carers

I am delighted to announce this April will see my first Multi Sport Fun Days based at Saltford Primary ran by myself. This camp will include a variety of Sports, **Basketball, Football, Tennis, Dodgeball, Hockey, Rounders and many more!** The days will be aimed at all abilities and work on improving all skills, throwing, catching, kicking, striking, hand eye Co-ordination. Learning different games and have an enormous amount of fun! The three days are open for all pupils currently in Year 2-6. Plenty of Competitions and prizes to be won!!

Venue - Saltford Primary Playground/Badger room and Hall (if wet weather).

Dates – Tuesday 2nd, Wednesday 3rd, Thursday 4th April 9-3pm

Cost - £30 per day or £80 for all 3 days. Mornings 9-12pm and Afternoons 12-3pm available at £15 per session.

Participant Equipment Required – Packed Lunch / Water Bottle (Refillable on-site), A cap/sunhat, a light rain jacket, comfortable trainers. All Equipment will be provided.

Typical Breakdown of a day -

8.50-9.10am Registration, 9.10- Warm up games, 9.30- First Sport, 10.30- Break, 10.45- Gameplay 11.50- Lunch, 12.10 Fun games, 12.40- Second Sport 2pm - Water Break, 2.05pm - Gameplay, 2.55pm - Cool Down. (Sports will be decided on each day once Weather/Playing Surfaces have been assessed)

Payments can be made by Cash, Cheque (Made out to 'MATT ANALTS BASKETBALL COACHING') or Online transfer to Account: Sort Code 30-98-75, Account Number 03527457.

Please return the slip below to the school office along with payment. Closing Date 28th March 2024.

Kind regards,				
Matt Analts, England Basketball Level 2 Coach and PE Teacher at the School.				
I give permission for Class Class	. Year To take part in The			
MultiSport Camp at Saltford CofE Primary School.				
Days (Please Tick): Tues 2 nd Weds 3 rd Thursday 4	4 th			
Emergency contact details: Name T	el			
Please advise of any medical condition/treatment				
Payment made by: Cash / ChequeOnline payment ma	ade			
Signed(Parent/Carer)				