

Teofilo "Nene" Cubillas



Learn with a Legend July 19-23, 2010



ABOUT THE PROGRAM

Nene Cubillas Camp Futbol offers both male and female players ages 6-16 an opportunity to learn the game of soccer in a fun and challenging environment. Players learn techniques and basic individual tactics while being exposed to the finest coaching available for the past 20 + years. Our philosophy of learning skills through fun games, which require maximum touches of the ball, introduces the young player to the most advanced techniques of learning soccer.

ABOUT THE INSTRUCTOR AND STAFF

- 7th Leading scorer in World Cup History with 10 goals (3 appearances in the WC for Peru - 1970, 1978, 1982)
- Scored 5 goals in each of his first two World Cup appearances, the first player in World Cup history to do so
- Runner-up to Pele in MVP balloting for the 1970 World Cup in Mexico
- Voted South American Footballer of the Year in 1972
- Received the Silver Boot Award in WC 1978
- Pro Teams: Alianza Lima, FC Porto, FC Basel & Ft. Lauderdale Strikers
- Named to All-Time FIFA 100 by Pele
- Named to Sports Illustrated Latino's best 11 South American players in last 50 yrs.



LOCATION

Winder Barrow High School
272 North 5th Ave
Winder, GA 30680

HOW TO REGISTER

1. COMPLETE THIS APPLICATION
2. ATTACH CHECK PAYABLE TO: **CUBILLAS INC**
3. BY MAIL, PO BOX 523644 Miami, FL 33126
4. E-Mail: Camp@cubillasinc.com

FOR MORE INFO

CUBILLAS INC.COM
706-255-2444
954-464-1133

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

E-mail: _____

CAMP RECOMMENDED BY: _____

SHIRT SIZE: (Circle one) YOUTH: S M L OR ADULT: S M L

PAYMENT: CASH OR CHECK

HALF DAY \$120 (9:00 – 12:00 pm): _____

WAIVER & RELEASE OF LIABILITY

I hereby certify that I am the legal parent or guardian of the camper listed above. I certify that my child is in good health and may participate in physical soccer activities. I give my permission for the staff of the camp to seek appropriate medical attention for the camper in the event of accident or injury or illness. I will be responsible for any and all costs of the medical attention and treatment from any and all injuries sustained by my child during his/her participation in the camp. I will not hold Cubillas Inc liable for any injury or illness occurring at the above camp

SIGNATURE OF PARENT OR GUARDIAN: _____