



Mark Ludwig Camp Director

Former York College Head Coach

- *2006 NSCAA National Coach of the Year
- *NSCAA Premier Level Diploma
- *10x CAC/Landmark/NEAC Champions
- *Nine straight NCAA Berths (2005-2013)
- *Head Coaching Record of 243-74-35

- *2005 & 2006 NSCAA South Region Coach of the Year
- *2005, 2006 & 2010 CAC Coach of the Year
- *Coached 2009 National Player of the Year – 9 All-Americans
- *Coached 2009 National Player of the Year – 9 All-Americans
- *Have worked with players at all ages/levels for the past 30 years (trained many US National Youth Players as well as NCAA National Player of the Year & many high-level youth MLS Academy players)

Mark Ludwig Soccer Academy 2023-24 Winter Indoor Skills Clinic

Dates: Session 1-Nov 11, 18, (off 25) & Dec 2, 9, 16-2023
 Session 2-Jan 6, 13, 20, 27 & Feb 3-2024
 Session 3-Feb 10, 17, 24 & March 2, 9-2024

Ages/Times: 8:00-9:00 AM (ages 6-10 – max of 30 players)
 9:00-10:00 AM (ages 11-14 – max of 30 players)

Cost: \$110 (max of 30 players for EACH session)
 \$210 for ANY 2 SESSIONS
 \$300 for ALL 3 SESSIONS
 \$10 discount for team sending 6+ players
 \$10 discount (for EACH additional family member)
 \$20 optional Adidas/Nike ball (\$30 value)
 ONLY ONE DISCOUNT PER PLAYER

Location: **The Baseball Warehouse (formerly Backyard University)**
 201 S. Charles St.
 Red Lion, PA 17356

*Confirmed Coaches/Pro Players (subject to change):

Brent Duffy	York College Asst. Coach/FC Ballyhoo Coach
*Ben Eveler	Northeastern Coach/Formal PA Classics Coach
Ryan Hussey	Director United Parishes Player Development
*Bret Maxwell	FC Ballyhoo Coach/Formal Susquehannock HC
Brody Patmore	FC Ballyhoo Coach/Formal Alvernia Player
*Gia Sweeney	FC Ballyhoo Coach/Red Lion HS Coach
Pat Thompson	Utica Indoor Pro Player/CASA Head Coach

Additional coaches can be found by contacting: 717-873-7669

• From the Director's Desk •

You have the opportunity to improve your game as well as refine your skills at Mark Ludwig's Soccer Academy – Winter Indoor Skills Clinic. This clinic stresses individual skill, technique, and ball speed for the individual player. A focus will be placed on developing the individual player's technical ability. We will emphasize fundamentals, skill development and decision making in a fun, enjoyable and challenging environment.

Clinic Features/Focus

Touches*Skills*Technique
 Maximum Learning*Challenging*Speed
 Fun*Enjoyable*Rewarding
 Competition*Thinking*Decisions
 Constant Involvement of ALL Players
 Individual to Very Small Group Instruction
 Full Energy of the Coaches at ALL Times

Checks payable to (email for Venmo):

Mark Ludwig Soccer Academy

Send application to:

Mark Ludwig
 664 Parkwood Drive
 York, PA 17404

www.markludwigsocceracademy.com

markcludwig12@gmail.com

(717-873-7669)

Typical Session

15 min	Station #1 – Fast Ball Work
15 min	Station #2 – Passing/Ball Control
15 min	Station #3 – Dribbling
15 min	1v1, 2v2, and 3v3 (small groups)

Mark Ludwig Soccer Academy

The Baseball Warehouse Winter Indoor Clinic

Club Team: _____

Name: _____

Current Grade: _____ **Male or Female** (circle one)

Session 1 or Session 2 or Session 3 (circle one(s) attending):

Training Time (circle one): **8:00** (ages 6-10) or **9:00** (ages 11-14)

Birth Date: ____/____/____ **Age:** _____

Email: _____

(Please write clearly as ALL communication will be through email)

Address: _____

City: _____

State: _____ **Zip:** _____ **Position:** _____

Height: _____ **Weight:** _____

Phone: (____) _____

Parent/Guardian: _____

Optional Adidas/Nike Camp Ball? **Yes** **No**

Size 4 (ages 5 – 11) Size 5 (ages 12+)

Cost is ADDITIONAL \$20 (\$30 value) **(circle one)**

Emergency Contact: _____

Phone: (____) _____

Family Doctor: _____

Phone: (____) _____

Insurance Company: _____

Policy Number: _____

Additional Medical Information: _____

My child is in excellent physical health and capable of participation in strenuous physical activity. I hereby give my approval to his participation in the **Mark Ludwig's Soccer Academy**. I understand that I will be responsible for any injuries to my child resulting from or in connection with camp activities. I hereby release, absolve, and hold harmless the **Mark Ludwig's Soccer Academy**, its directors, coaches, sponsors, and supervisors.

Signature: _____

(Parent/Guardian)

Guaranteed deadline for application: November 4, 2023
(after this date, please call 717-873-7669 for availability)

Payment Structure:

Winter Skills Clinic Price (\$110) \$ _____

2 Session Price (\$210) \$ _____

ALL 3 Session Price (\$300) \$ _____

Team or Family Discount (-\$10) \$ _____

Soccer Ball Ordered (+\$20=optional)\$ _____

Total Price (CHECK PREFERRED) \$ _____

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 Soccer Academy
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