

WINTER CLINIC

MARK LUDWIG
SOCCER ACADEMY

FEATURING
RUSSELL CANOUSE

LOCATION
THE BASEBALL WAREHOUSE
201 S. CHARLES ST.
RED LION, PA 17356

\$50 PER
SESSION



CONTACT INFO:

PLEASE SEND APPLICATION TO:
MARK LUDWIG
664 PARKWOOD DRIVE, YORK, PA 17404
EMAIL - MARKCLUDWIG12@GMAIL.COM
PHONE - (717-873-7669)
WEBSITE- WWW.MARKLUDWIGSOCCERACADEMY.COM



TECHNIK

DATES/TIMES/AGES:

SESSION 1 - NOV. 24TH (10AM-12PM)
10-11AM - AGES 6-11 (BOYS + GIRLS)
11-12PM - AGES 12-17 (BOYS + GIRLS)

SESSION 2 - DEC. 23RD (10AM-12PM)
10-11AM - AGES 6-11 (BOYS + GIRLS)
11-12PM - AGES 12-17 (BOYS + GIRLS)

WINTER CLINIC INFO

MARK LUDWIG

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
- *2005/06 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



RUSSELL CANOUSE

CURRENT DC UNITED MIDFIELDER

- *TECHNIK SOCCER CEO
- *USMNT CAMPS (2 CALLUPS)
- *USYNT TEAM (U-14 THRU U-20)
- *2016-2017 VFL BOCHUM (2. BUNDESLIGA)
- *2011-2016 HOFFENHEIM (U-17 - FIRST TEAM)
- *HOFFENHEIM U-19 BUNDESLIGA CHAMPION/CAPTAIN

CLINIC INFO

ELEVATE YOUR GAME THIS WINTER AT MARK LUDWIG'S SOCCER ACADEMY WINTER CLINIC FEATURING DC UNITED PROFESSIONAL PLAYER RUSSELL CANOUSE! JOIN US FOR A UNIQUE EXPERIENCE EMPHASIZING IMPROVING INDIVIDUAL SKILL, TECHNIQUE AND REACTION TIME THROUGH UTILIZATION OF TECHNIK SOCCER PRODUCTS AND SMALL GROUP TRAINING, ENDING WITH AN EXCLUSIVE PHOTO AND AUTOGRAPH SESSION WITH CANOUSE. SECURE YOUR SPOT NOW!



PAYMENT INFO

CHECKS PAYABLE TO (EMAIL FOR VENMO): MARK LUDWIG SOCCER ACADEMY

WINTER CLINIC APPLICATION

Club Team: _____

Name: _____

Current Grade: _____ Male or Female (circle one)

Nov 24: Session 1 (10:00-11:00AM) or Session 2 (11:00-12:00PM)

Dec 23: Session 2 (10:00-11:00AM) or Session 2 (11:00-12:00PM)

CIRCLE ONE(S) ATTENDING

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 11, 2023
(after this date, please call 717-873-7669 for availability)**

Payment Structure:

Winter Clinic Price (\$50) \$ _____

Both Winter Clinics (\$100) \$ _____

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

Total Price (CHECK PREFERRED) \$ _____

Checks payable to:

Mark Ludwig's
Soccer Academy

Send Application to:

Mark Ludwig
664 Parkwood Drive
York, PA 17404