



## LOVEGROVE HOCKEY ACADEMY

## Working with St David's Prep

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**Dear Parents** 

On behalf of St David's Prep, I am writing to inform you that we will be running a 10-week hockey course for Years 4, 5 and 6 in the Spring Term 2019. Over the last 12 years we have been coaching hockey at St David's Prep and have produced some excellent hockey players, both girls and boys. The pre school club was very successful last year with a number of children progressing into the county junior development squad.

The course will begin on **Tuesday 15<sup>th</sup> January** and will run for 10 sessions. The course dates are as follows:

January 15, 22, 29, February 5, 12, 26 March 5, 12, 19, 26

Times - 7.45am to 8.45am Cost of the course - £40

In the event of bad weather we will take the children into the classroom for a theory session.

If you wish your child to attend could you please complete the form below together with your school Club and activity form. The cost of the course will be added to your termly invoice. Reply slips should also be returned to Mrs S Page at the first session.

**Please note, for the safety of the children** only wooden sticks should be used on the playground. We have a selection for purchase at reasonable prices if your child would like to have their own stick. Gum shields are essential and are available to purchase at all sessions at a cost of £2.50.

Lovegrove Hockey Academy also run courses in the evenings, and during school holidays for all ages at Hayes Secondary School. If you would like more details please ask for a leaflet or email <a href="mailto:lovegrove.hockey.academy@hotmail.co.uk">lovegrove.hockey.academy@hotmail.co.uk</a>.

If you have any queries or would like any further information on the course please contact me either by email or telephone.

Yours sincerely

Nigel Lovegrove Lovegrove Hockey Academy							
LOVEGROVE ACADEMY ON BEHALF OF ST DAVID'S PREP Hockey Coaching – Spring Term 2019 – Tuesday Year 4, 5 & 6							
I wish my child	Class						
to attend the hockey course							
Emergency contact no:	Medical conditions:						
Email Address:	Signed: Date:						