

INDIVIDUAL TRAINING PROGRAM

2017

DATE _____ FIRST CLASS _____ LAST CLASS _____

CHILD'S NAME _____

Last First Middle

PARENT/GUARDIAN NAME _____

Last First Middle

ADDRESS _____

EMAIL ADDRESS _____ (must include!) M/F _____ Date of Birth _____

TELEPHONE (day) _____ (evening) _____ (cell/beeper) _____

EMERGENCY CONTACT (Name & Phone #) _____

CIRCLE ONE

Monday/Wednesday

Tuesday/Thursday

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
4:30-5:45 pm	4:30-5:45 pm	4:30-5:45 pm	4:30-5:45 pm
5:45-7:00 pm	5:45-7:00 pm	5:45-7:00 pm	5:45-7:00 pm

*Full payment is required for all payment options.
Student will not attend sessions unless his/her financial obligations are fulfilled.*

**MISSED CLASSES MUST BE MADE UP
WITHIN THE PAID TUITION PERIOD**

PAYMENT OPTIONS

1 MONTH (TRIAL ONLY)	3 MONTHS	6 MONTHS
8 sessions = \$240	24 sessions = \$500	48 sessions = \$1000

*Prices are subject to change without notice. No refunds.
Credit may be applied in form of Academy services or merchandise.*

PAYMENT

____ Cash ____ Check ____ Credit Card

DRIVERS LICENSE # _____

CREDIT CARD (MC/Visa/AmEx/Discover) _____

NAME AS IT APPEARS ON CREDIT CARD _____

CARD # _____ Exp. Date _____



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