

Individual Training Application 2010

DATE REC'D _____

DATE _____ FIRST CLASS _____ LAST CLASS _____

STUDENT NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET TOWN ZIP

DATE OF BIRTH _____ MALE/FEMALE _____ EMAIL ADDRESS _____
DAY/MONTH/YEAR

PARENT/GUARDIAN NAME _____

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	12 MONTHS
8 SESSIONS=\$200*	24 SESSIONS=\$480*	48 SESSIONS=\$960*	96 SESSIONS=\$1,920*

*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* (ADD 3% PROCESSING CHARGE)

DRIVERS LICENSE # _____

CREDIT CARD (MC/VISA/AMEX/DISCOVER) _____

NAME AS IT APPEARS ON CREDIT CARD _____

CARD # _____ EXP. DATE _____



INTERNATIONAL
SOCCER ACADEMY

905 WEST JERICHO TURNPIKE SMITHTOWN, NY 11787
TEL: 631-864-3088 FAX: 631-864-3086
INFO@ISASOCCER.COM WWW.ISASOCCER.COM



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