

Individual Training Application 2012

DATE _____ FIRST CLASS _____ LAST CLASS _____

Student Name _____
Last First MiddleHome Address _____
Street Town ZipDate 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 _____



905 West Jericho Turnpike Smithtown, NY 11787

Tel: 631-864-3088 Fax: 631-864-3086

info@isasoccer.com www.isasoccer.com
