

STRIKER/DEFENDER/KEEPER APPLICATION

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 #) _____

TIMES AND COST

GOAL KEEPER	Mondays	6 - 7 pm	\$220/4 sessions	\$400/8 sessions
STRIKER	Tuesdays	6 - 7 pm	\$220/4 sessions	\$400/8 sessions
DEFENSE	Thursdays	6 - 7 pm	\$220/4 sessions	\$400/8 sessions

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

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

THERE ARE NO MAKE UP CLASSES!!

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 _____



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