

Brazilian Art Soccer Training
PO Box 1722
Merrimack NH 03054
www.basoccertraining.com
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Tel: 603.429.0861



WINTER TRAINING REGISTRATION FORM

PLEASE PRINT

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

AGE

BIRTH DATE

PARENT OR LEGAL GUARDIAN

EMAIL ADDRESS

DAYTIME PHONE

How did you hear about us? FROM A FRIEND WEB BROCHURE MAILING OTHER _____

Reserve your place by completing this form and returning it with a nonrefundable \$50 deposit made payable to Brazilian Art Soccer Training. Be sure to check the box next to the session that you prefer. Balance of payment should be at the beginning of your session. Please check the session you will attend.

Choose Session:

- Session 1: October 29th – December 18th
- Session 2: January 4th – February 19th
- Session 3: March 1st – April 16th

PAYMENT

Number of Sessions ____ x \$150 per Session = \$ _____

Amount Enclosed: \$50 Deposit Full Payment

Make checks payable to Brazilian Art Soccer. Reserve your place by returning this form with a nonrefundable \$50 deposit. **Total balance is due by the first day of your session.** Mail form and deposit to **Brazilian Art Soccer Training, P.O. Box 1722, Merrimack, NH 03054.** Sorry, we are unable to provide refunds.

Choose Class Day & Time

Sportsplex, Bedford, NH

- Class 1: Ages 7–9 _____ Mondays 5-6 pm
- Class 2: Ages 10-12 _____ Mondays 5-6 pm
- Class 3: Ages 12 (adv) & 13 _____ Mondays 6-7 pm
- Class 4: Ages 13-Highschool _____ Mondays 6-7 pm

Hampshire Dome, Milford, NH

- Class 1: Ages 5-6 _____ Thursdays 5-6 pm
- Class 2: Ages 7–9 _____ Thurs 5-6 pm _____ Fri 5-6 pm
- Class 3: Ages 10-12 _____ Thurs 5-6 pm _____ Fri 5-6 pm
- Class 4: Ages 12 (adv) & 13 _____ Thursdays 6-7 pm
- Class 5: Ages 13-Highschool _____ Thursdays 6-7 pm

The deposit is non-refundable and non-transferable regardless of the reason for cancellation. Other monies paid will be refunded only upon written request and if cancellation is made at least two weeks prior to the opening of the session. After that time no refunds shall be made for any reason. Payments shall be credited for participation the following year.

I grant permission for the Brazilian Art Soccer to use photographs or videotape made of this applicant during the Brazilian Art Soccer sessions.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE