

**THE FUTBOL FACTORY**  
**TRIAL SESSION REGISTRATION FORM**



Date \_\_\_\_\_

Child Last Name \_\_\_\_\_ Child First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Club or Team: \_\_\_\_\_

School/Grade \_\_\_\_\_ Main E-Mail Address \_\_\_\_\_

Parent (1) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Parent (2) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Emergency Contact (1) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>Payment Method:</b>	<b>Amount Collected:</b>
	<input type="checkbox"/> Check	<input type="checkbox"/> \$20
	<input type="checkbox"/> Cash	
	<input type="checkbox"/> Credit Card	

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