

## **FUTSAL FUN 2011-12**

### **Registration**

Team Name: \_\_\_\_\_

Age Group: \_\_\_\_\_

Parent/Coach: \_\_\_\_\_

E-Mail : \_\_\_\_\_

Cell #: \_\_\_\_\_

Please circle the session you are paying for:

- |                       |                  |  |       |
|-----------------------|------------------|--|-------|
| <input type="radio"/> | Session 1 – 2011 | Nov 6 <sup>th</sup> – Dec 18 <sup>th</sup> | \$400 |
| <input type="radio"/> | Session 2 – 2012 | Jan 8 <sup>th</sup> – Feb 19 <sup>th</sup> | \$400 |
| <input type="radio"/> | Session 3 – 2012 | Feb 26 <sup>th</sup> – Apr 1 <sup>st</sup> | \$400 |

Please make one check out to The Edge Sports Academy Inc. and mail to :

The Edge Sports Academy, Inc. – Futsal  
7720 Olde Eight Rd.  
Hudson Ohio 44236