



SPRING & SUMMER 2017  
SUPPLEMENTAL TRAINING

**REGISTRATION FORM**

**CONTACT INFO**

PARENT NAME/SURNAME:	
EMAIL:	PHONE:
ADDRESS:	
CITY:	ZIPCODE:

**PERSONAL INFO**

PLAYER NAME:	GENDER:	
D.O.B:	AGE GROUP:	POSITION:

**PLEASE SELECT A TRAINING DAY (MINIMUM OF 6 SESSIONS)**

MONDAY (COMPLEX TRAINING)	5:30-7:00	\$ 65.00	NUMBER OF SESSIONS
WEDNESDAY	5:30-7:00	\$ 75.00	NUMBER OF SESSIONS
FRIDAY	5:30-7:00	\$ 75.00	NUMBER OF SESSIONS

YES, I AM INTERESTED IN:

FMS TEST \$150      MENTAL TRAINING CLASS      VIDEO ANALYSIS CLASS

**NAME/SURNAME** ..... **DATE**.....

**SIGNATURE**.....

**METHOD OF PAYMENT: CASH OR CHECK**  
**KEEP IN MIND PAYMENTS ARE DUE FROM THE BEGINNING OF EACH PROGRAM**

Make all checks payable to **E.C.E.S of ILLINOIS INC** and mail to:

9114 Waukegan Rd  
PO BOX 1538  
Morton Grove, IL, 60053

**Thank you for your business.**