



VISION

Registered On: _____/_____/_____

Initials: _____

For Office Use

Please e-mail registration to: marymileo@visionsc.com
or Mail to: Vision Sports Club
37 West Jefferson Ave, Pearl River, NY 10965

SPORTS*ZONE KIDZ SPORTZ

10 Weekly classes – Ages 3–5 yrs

Vision's Kidz Sportz Mini classes Registration

Child's Name	Birth Date	Age
Parent's Name	Email	
Address	City	
State	Zip Code	Phone
Emergency Contact	Phone	

Card Holders Name
<input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> CSV
<input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Exp Date
Billing Address
City State Zip
Signature

*No Refunds. All Sales are final.

Sessions

(Check all that apply)

<input type="checkbox"/> 10 Sessions SATURDAYS 10:00Am – 10:45AM	<input type="checkbox"/> Single session(s) # of Sessions <input type="text"/>
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10 Session Package
\$199

Single Session
\$23

All Sales Final _____ Initial Here

Fitness Consultant _____

Form of Payment _____

*Some Restrictions May Apply. Prices subject to change.