



Directions:

1. Print out this form
2. Complete the form
3. Make check payable to **Rival Sports LLC**
4. Mail check, registration to:
5801 Oak Point rd
Lorain, Ohio 44053
5. If paying via paypal, print this form, mail in or fax to 440.282.4772

Favela Futbol Session I and Session II Registration

Name: _____

Age _____ Boy Girl

Street Address: _____

City: _____, State: _____ Zip: _____

Home Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____

Email Address: _____

- Session I:**
Every Wednesday from 6:00pm-7:00pm
Program starts- November 3, 2010
Program ends- December 22, 2010

- Session II:**
Every Wednesday from 6:00pm-7:00pm
Program starts-January 5, 2011
Program ends- February 23, 2011

Cost is \$75 per participant per session
Team of 10= \$700 per session

- Session I and Session II** get \$10 off
Cost is \$140 per participant
Team of 10= \$1,300

Method of Payment: Check# _____ PayPal Reference # _____

