



LA-SPORTS KIDZ

Registration Forum

Parents Full Name: _____

#1 Child Name: _____ DOB _____

#2 Child Name: _____ DOB _____

ADDRESS: _____

CITY _____ ZIP _____

HOME _____ CELL _____

EMAIL ADDRESS: _____

(MUST FILL OUT)

Class Location _____ Day _____ Time _____

Amount Enclosed _____ Make check payable to: **LA-SPORTS KIDZ**

All 6 Week Class Sessions: **\$150.00** (includes t-shirt)

All 8 Week Class Sessions: **\$200.00** (includes t-shirt)

Family Discounts Available: **\$25.00 OFF** each additional child

Enrollment Limited!!

SIGNED _____ **DATE** _____

MAIL TO:

LA-Sports Kidz

PO Box 491442

Los Angeles, CA 90049