



Valley Association Football Club

Roanoke, Virginia

Group Training – Registration Form

Coach Request (if any): _____

*Valley AFC will place player with the next available instructor if the requested coach cannot be scheduled. Players will be placed with Field Player, Goalkeeper or conditioning specific coaches.

Training Type (circle one): Field Player Conditioning

Day (circle one) : Wednesday Thursday **Time Slot** (circle one): 6-7pm 7-8pm 8-9pm

Session Package (circle one): 3 6 **# Players** _____ **Cost** (see chart): _____

Field Players		
# Players	3 Session Total (per player)	6 Session Total (per player)
2	\$150 (\$75)	\$290 (\$145)
3	\$210 (\$70)	\$405 (\$135)
4	\$260 (\$65)	\$500 (\$125)
5	\$300 (\$60)	\$575 (\$115)
6	\$330 (\$55)	\$630 (\$105)
7	\$350 (\$50)	\$665 (\$95)
8	\$360 (\$45)	\$680 (\$85)

Conditioning		
# Players	3 Session Total (per player)	6 Session Total (per player)
2	\$110 (\$55)	\$210 (\$105)
3	\$150 (\$50)	\$285 (\$95)
4	\$180 (\$45)	\$340 (\$85)
5	\$200 (\$40)	\$375 (\$75)
6	\$210 (\$35)	\$390 (\$65)
7	\$210 (\$30)	\$385 (\$55)
8	\$200 (\$25)	\$360 (\$45)

Contact Person (must be parent/guardian): _____

Street Address: _____ **City** _____ **Zip:** _____

Phone Numbers (HP): _____ **(Cell):** _____

E-Mail(s): _____

Player1 Name: _____ **DOB:** _____ **Age:** _____

Player2 Name: _____ **DOB:** _____ **Age:** _____

Player3 Name: _____ **DOB:** _____ **Age:** _____

Player4 Name: _____ **DOB:** _____ **Age:** _____

Player5 Name: _____ **DOB:** _____ **Age:** _____

Player6 Name: _____ **DOB:** _____ **Age:** _____

Player7 Name: _____ **DOB:** _____ **Age:** _____

Player8 Name: _____ **DOB:** _____ **Age:** _____

Briefly Describe Training Objectives:

Mail registration form and payment made payable to 'Valley AFC' to:
P.O. Box 20045, Roanoke, VA 24018