



**S.A. FACTORY OF CHAMPIONS
BASKETBALL**

All-Purpose Basketball Skill Sessions

With Coach John Campos

Coach and Trainer John Campos has tailored his unique Basketball Training Programs to bring you a special installment specifically to improve all of your Basketball skills.

This program will give players of all skill levels the opportunity to develop and improve all different aspects and fundamentals of the game. Each session will be an hour long with limited enrollment, maximizing each participating players interaction with Coach Campos and the supporting F.O.C. staff.

\$20/ per session

All sessions will be on Friday evenings from 6.00-7.00pm

All Skill Levels Welcome to Participate

**7-14
Year Old
Boys & Girls**

**Friday Jan. 6 — Jan. 27
Every Session, every Friday
6.00pm-7.00pm**

Cost: \$20/ session

PLAYERS MUST REGISTER AT LEAST TWO (2) DAYS PRIOR TO EACH SESSION!

S.A. FACTORY OF CHAMPIONS

8227 Broadway

San Antonio, Texas 78209

(p) 210.832.9300 (f) 210.832.9345

www.FactoryOfChampions.com

PLAYER REGISTRATION FORM

Player Name: _____

Date of Birth: _____ Age: _____

School District/School Attending : _____

PLAYERS MUST REGISTER AT LEAST TWO (2) DAYS PRIOR TO EACH SESSION!

\$20 per Individual Session
Every Friday 6.00-7.00pm

All Skill Levels Welcome to Participate

Please indicate which skill session you would like to attend:

7-14
Year Old
Boys & Girls

Friday Jan. 6: 6:00—7.00p.m

Friday Jan. 13: 6:00—7.00p.m

Friday Jan. 20: 6:00—7.00p.m

Friday Jan. 27: 6:00—7.00p.m

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

**Player is officially registered when he or she receives an email confirmation from Factory of Champions.*

**** ALL PLAYERS MUST HAVE A WAIVER ON FILE WITH FACTORY OF CHAMPIONS TO PARTICIPATE ****
- NO OUTSIDE FOOD OR DRINK IS ALLOWED INTO THE FACILITY -

(Registration may be faxed or mailed to Factory of Champions)

Payment Information: Total Payment Amount: _____

Cash Check # _____ MasterCard Visa

Card #: _____ Exp Date: _____ 3-Dig. Sec. Code on back of CC: _____

Name Appearing On Card: _____ Cardholder Phone: _____

Cardholder Address (if different than above): _____

Cardholder Signature: _____

Refund Policy:

If player or entrant cancels registration prior to scheduled event date, a 50% refund will be available. No refund will be available on or after the event's scheduled date.