## REVSPORTS INDOOR SOCCER

These instructional soccer programs are designed for youth who wish to further enhance basic skills. Each day will focus on a topic building on the previous topic, including dribbling, shooting,

defending, passing and more. Shin guards are optional. Open to all ability levels and run by RevSports staff.

## Sundays, February 25-March 17

- **331208-B** TotStars, ages 2-3 with parent 2:15-2:40 p.m
- **331204-B** PreStars, ages 3-5 with parent 2:45-3:25 p.m.
- **311203-B** KinderStars, ages 4-6 3:30-4:10 p.m.
- **311206-B** MightyStars, ages 6-9 4:15-4:55 p.m.



- **Location:** Robbinsdale Community Gym 3730 Toledo Ave N (door #18)
- Fee: \$65 Residents of New Hope, Crystal and Robbinsdale \$72 Nonresidents

**Register with:** New Hope Parks and Recreation 4401 Xylon Avenue North

4401 Xylon Avenue North New Hope, MN 55428 763-531-5151

Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given with a doctor's written verification. All refunds are subject to a \$5 service fee. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card. **Questions?** Call 763-531-5151.

Online registration! Go to webtrac.nhrecexpress.com.

facebook.com/newhoperecreation

	RevSports Indoor So	occer - Winter 2024		
Name	Phone (s)			
Address	City		:	Zip
Course Number	Dates			Times
Birthdate	Age	_ Amount Enclosed \$_		
Does participant have a special ne	eed?	Email		
I, the undersigned parent or guardian, a involved in this program the participant's the records are protected under the stat provided by law. I agree to allow the ind harmless for any claim resulting from paused by the City for promotional material	s name, address and telephone e and federal privacy regulation ividual named herein to particip irticipation in this activity. I furth	number for the purpose of pro is and cannot be disclosed with ate in the aforementioned activ	ngram adi hout my v vity, and t	ministration. I understand that written consent unless otherwise further agree to hold the City
Parent/Guardian Signature			_ Date	
Am Ex/Discover/MC/Visa #		Exp Date		Security Code