



10850 W. Laraway Road, Suite #1E, Frankfort, IL 60423 www.hallmarksportsclub1.com phone/fax 815.469.4712

Adult Soccer Leagues - Registration Form

2010/2011 Indoor Soccer Season -Fall

Team Name _____

Coach's Name _____

Street Address _____

City, State & Zip Code _____

E-mail Address _____

Phone Numbers: Home _____ Work _____ Cell/Mobile _____

Assistant Coach's Name _____
Phone Numbers: Home _____ Work _____ Cell/Mobile _____

<p>Men's Over 30 Fall/\$1005 8 matches + playoff October 4, 2010 Monday</p>

A SEPARATE REGISTRATION FORM AND A MINIMUM DEPOSIT OF \$400 IS DUE FOR EACH TEAM REGISTERED. THE BALANCE OF THE LEAGUE FEES ARE DUE BY THE END OF THE SECOND MATCH. ALL PAYMENTS FOR FEES MAY BE MADE BY CASH, CHECK OR CREDIT CARD. DEPOSITS ARE NON REFUNDABLE .

I AGREE TO ABIDE BY THE TERMS OF THE ROSTER AGREEMENT AND ALL HALLMARK SPORTSCLUB'S RULES AND REGULATIONS. I UNDERSTAND THAT I AM LEGALLY RESPONSIBLE FOR PAYMENT OF ALL LEAGUE FEES, FINES, AND OTHER CHARGES TO THIS TEAM. I FURTHER UNDERSTAND THAT IF THIS ACCOUNT IS SUBMITTED TO COLLECTIONS DUE TO NON-PAYMENT OF ANY FEES, THEN THE COST OF COLLECTIONS SHALL BE ADDED TO THE BALANCE OF THIS ACCOUNT.

Authorized Signature: _____ Date: _____

Must Be A Minimum of 18 Years Old To Sign

Only Visa, and Master Card are accepted

Credit Card Payment

Name _____

Credit Card Number _____ Expiration Date _____

Authorized Signature _____