



10850 W. Laraway Road, Suite #1E, Frankfort, IL 60423 www.hallmarksportsclub1.com phone/fax 815.469.1844

## College Soccer Leagues - Registration Form 2010 Indoor Soccer Season

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>COLLEGE/WOMENS OPEN \$750 8 matches Days of week Tues/Fri/Sun 1 referee Please call for more information or start date</p>
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**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

<b>Visa and Master Card</b>
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### Credit Card Payment

Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_