



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

YOUTH - Registration Form

2011/2012 Indoor Soccer Season Winter Session 1/2

Team Name: _____ **Age Group:** _____ **Boys / Girls**
(circle one)

Coach's Name: _____

Street Address: _____

City _____ State _____ Zip _____

E-Mail: _____

Telephone - Day _____ Night _____ Cell _____

Assistant Coach's Name: _____ **Email:** _____

Telephone -Day _____ Night _____ Cell _____

Please Indicate:	Boys/Mixed League <input type="checkbox"/>	Girls League <input type="checkbox"/>
Check Box for the LEAGUE in which you are registering <u>this</u> TEAM - <i>one team</i> per registration form.		
U7 through U12	<input type="checkbox"/>	Session 1 \$950 Begins week of 11/7 8 matches
U7 through U12	<input type="checkbox"/>	Session 2 \$999 Begins week of 1/16 9 matches
U13 through U15	<input type="checkbox"/>	Session 1 \$1219 Begins week of 11/7 8 matches
U13 through U15	<input type="checkbox"/>	Session 2 \$1269 Begins week of 1/16 9 matches
HSB Red/White	<input type="checkbox"/>	Session 1 \$1319 Begins week of 11/7 8 matches
HSB Red/White	<input type="checkbox"/>	Session 2 \$1369 Begins week of 1/16 9 matches
U19	<input type="checkbox"/>	Session 1 \$1319 Begins week of 11/7 8 matches
U19	<input type="checkbox"/>	Session 2 \$1369 Begins week of 1/16 9 matches
High School Girls (HSG) Red, & White (Circle one)	<input type="checkbox"/>	Session 1 \$1689 14 Matches Begins week of 11/7

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 accented

Credit Card Payment

Name: _____

Credit Card Number: _____ **Expiration Date:** _____

Authorized Signature: _____