



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

Adult Soccer Leagues - Registration Form

2008/2009 Indoor Soccer Season -Fall/Winter 1

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 _____

Select League: (Circle one)			
Men's Open \$1,359.00 (9 matches) Start date 11/17/08	Men's Over 30 Fall/ \$995.00 (8 matches) Start date 10/6/08 Winter 1/ \$1249 (10 matches) Start date 12/1/08	Men's Over 40 \$999.00 (9 matches) Start date 11/13/08	Women's Open \$999.00 (9 matches) Start date 12/1/08

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 _____