

College Soccer Leagues - Registration Form

2007 Indoor Soccer Season - Winter 2

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 \$700 9 matches Primary Night Tuesday Start date 1/23</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

Visa, Master Card, Discover and American Express are accepted

Credit Card Payment

Name _____ V CODE(last 3#'s on Signature Strip) _____

Credit Card Number _____ Expiration Date _____

Authorized Signature _____