



10850 W. Laraway Road, Suite #1E, Frankfort, IL 60423

www.hallmarksportsclub1.com

phone/fax 815.469.1844

YOUTH - Registration Form

2010/2011 Indoor Soccer Season Winter Session 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 <i>this</i> TEAM - <u>one team</u> per registration form.			
U7 through U12	<input type="checkbox"/>	[Small Field = \$999]	9 Matches
U13 through U15	<input type="checkbox"/>	[Large Field = \$1269]	9 Matches
HSB Red	<input type="checkbox"/>	[Large Field = \$1359]	9 Matches
HSB White	<input type="checkbox"/>	{Large field =\$1359}	9 Matches
U19	<input type="checkbox"/>	{Large field =\$1359}	9 Matches

A SEPARATE REGISTRATION FORM AND A MINIMUM DEPOSIT OF \$400 IS DUE FOR EACH TEAM REGISTERED. 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: _____