



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

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# YOUTH - Registration Form

## 2010/2011 Indoor Soccer Season Winter Session 1

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 <b>LEAGUE</b> in which you are registering <i>this</i> TEAM - <b>one team</b> per registration form.			
U7 through U12	<input type="checkbox"/>	[Small Field = \$999 ]	9 Matches Begins week of 11/8
U13 through U15	<input type="checkbox"/>	[Large Field = \$1269 ]	9 Matches Begins week of 11/8
HSB Red	<input type="checkbox"/>	[Large Field = \$1359 ]	9 Matches Begins week of 11/8
HSB White	<input type="checkbox"/>	{Large field =\$1359}	9 Matches Begins week of 11/8
U19	<input type="checkbox"/>	{Large field =\$1359}	9 Matches Begins week of 11/8
High School Girls (HSG)	<input type="checkbox"/>	[Large Field = \$1679 ]	14 Matches Begins week of 11/8
Red, White, Blue (Circle one)			

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: \_\_\_\_\_