

## Futsal League - Registration Form

### 2018-2019 Indoor Soccer Season

Team Name \_\_\_\_\_

Coach's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Mobile \_\_\_\_\_

FUTSAL LEAGUE  
 \$780  
 1 SESSION – 13 GAMES – SATURDAYS 9AM TO 3PM  
 LEAGUE DATES: DECEMBER 8, 15, 2018  
 JANUARY 5, 12, 26, 2019 ; FEBRUARY 2, 9, 16, 23, 2019 ; MARCH 9, 16, 23, 2019  
 CONTACT BEN VEGA (708) 912-4404  
 Email – benjaminv77@hotmail.com

**A SEPARATE REGISTRATION FORM AND A MINIMUM DEPOSIT OF \$200 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/CHECK**

Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Payment by check: Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

The team and registrant are responsible for the payment of all league fees, fines, or other charges.

Registrant's Signature \_\_\_\_\_ Date \_\_\_\_\_