



10850 W. Laraway Road, Frankfort, IL 60423

www.hallmarksportsclub1.com

phone/fax 815.469.1844

Youth - Registration Form

2018-2019 Indoor Soccer Season

Team Name _____ Age Group _____ circle one: **Boys / Girls / Mixed**

Coach's Name _____

Street Address _____

City, State & Zip Code _____

E-mail Address _____

Phone Numbers: Home _____ Work _____ Cell/Mobile _____

Check the box for the **LEAGUE** in which you are registering this TEAM – **ONE TEAM PER REGISTRATION FORM.**

<input type="checkbox"/>	U7 through U12	Session 1 \$1050	Begins week of 11/30	8 matches
<input type="checkbox"/>	U7 through U12	Session 2 \$1050	Begins week of 2/1	8 matches
<input type="checkbox"/>	U13 through U14	Session 1 \$1250	Begins week of 11/30	8 matches
<input type="checkbox"/>	U13 through U14	Session 2 \$1250	Begins week of 2/1	8 matches
<input type="checkbox"/>	HSB Red/White	Session 1 \$1250	Begins week of 11/30	8 matches
<input type="checkbox"/>	HSB Red/White	Session 2 \$1250	Begins week of 2/1	8 matches
<input type="checkbox"/>	High School Girls (HSG)	Session 1 \$1500	Begins week of 11/30	12 matches
<input type="checkbox"/>	U7 through U14	Session 1 & 2 \$1500	Begins week of 11/30	12 matches

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 _____