



# 2016/17 Field Rental Form

Coach/Captain Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Sport: \_\_\_\_\_ # Of Participants: \_\_\_\_\_ Intended Use: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Session	Day	Time	Field Size
<input type="checkbox"/> FALL (4 wks), Oct 10- Nov 6	<b>1<sup>st</sup> CHOICE</b> Mon__ Tues__ Wed__ Thurs__ Fri__	<b>1<sup>st</sup> CHOICE</b> _____ to _____	<input type="checkbox"/> Third field
<input type="checkbox"/> WINTER 1 (8 wks), Nov 7- Jan 8			<input type="checkbox"/> Half field
<input type="checkbox"/> WINTER 2 (8 wks), Jan 9- Mar 12	<b>2<sup>nd</sup> CHOICE</b> Mon__ Tue__ Wed__ Thurs__ Fri__	<b>2<sup>nd</sup> CHOICE</b> _____ to _____	<input type="checkbox"/> Two Thirds
<input type="checkbox"/> SPRING (6 wks), Mar 13- Apr 23			<input type="checkbox"/> Full Field

Rates	1/3 Field	1/2 Field	2/3 Field	Full Field
1 hour	\$160	\$225	\$275	\$330
8 week session (1 hour)	\$1280	\$1800	\$2200	\$2640

A 50% non-refundable deposit payment per session is required to secure placement. Payment in full is required 2 weeks prior to the start date. Refunds are permitted up to 4 weeks before the session begins minus a \$200 cancellation fee. There are no refunds for any cancellations made within 4 weeks of the start date unless Future Stars Southampton is able to fill the spot. FSSH reserves the right to charge an additional \$50/hour fee based on conflicts that arise pertaining to Future Stars' own programming, training and/or field use. Renters are required to provide proof of insurance naming FSSH as additional insured.

Charge to my credit card:     MasterCard     Visa     American Express

Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_/\_\_\_/\_\_\_ Sec. Code \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Enclosed is a check (made payable to **Future Stars Southampton**)

Please bring, mail, email, or fax this form with your deposit to:

**Future Stars Southampton**  
P.O. Box 1576  
Southampton, NY 11968  
P: 631.287.6707  
F: 631.287.8633  
Email: info@futurestarsouthampton.com

### Waiver & Release

The registrant is physically cleared to participate in this program and does so at his/her own risk I understand that neither Future Stars Southampton LLC, SYS Inc. and the Town of Southampton, or its agents will assume responsibility for accidents and/or medical expenses incurred at Future Stars Southampton. In the event of an emergency, I hereby grant Future Stars Southampton permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Future Stars as promotional material. I have carefully read all of the information and agree to all conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_