



## 2015/16 Field Rental Form

Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Sport: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

### Session Choices

Session or Date	Day	Time	Field Size
<input type="checkbox"/> <b>FALL</b> - 8 wks Oct 12- Nov 8	<b>1st CHOICE</b> Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___	<b>1st CHOICE</b> _____ to _____	<input type="checkbox"/> Third <input type="checkbox"/> Half <input type="checkbox"/> Two Thirds <input type="checkbox"/> Full
<input type="checkbox"/> <b>WINTER 1</b> - 8 wks Nov 9- Jan 17			
<input type="checkbox"/> <b>WINTER 2</b> - 8 wks Jan 18- Mar 20	<b>2 nd CHOICE</b> Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___	<b>2 nd CHOICE</b> _____ to _____	
<input type="checkbox"/> <b>SPRING</b> - 5 wks Mar 21 - May 1			

Hourly Rates	1/3 Field	1/2 Field	2/3 Field	Full Field
Off-Peak - 1 hour	\$125	\$175	\$200	\$240
8 Week Session (1 hour)	\$1000	\$1400	\$1600	\$1920
Peak - 1 hour *	\$160	\$225	\$275	\$330
8 Week Session (1 hour)	\$1280	\$1800	\$2200	\$2640

Trainer \$100 per hour

\* Winter 1 & 2 : Mon - Fri, 3:00 pm - 11:00 pm. Sat - Sun, 8:00 am - 9:00 pm

A \$200 deposit per session is required to secure placement. Payment in full is due 1 week prior to the start date. Refunds are permitted up to 4 weeks before the session begins minus a \$50 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.

Charge to my credit card:       MasterCard       Visa       American Express

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

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

Enclosed is a check (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 11969  
 P: 631. 287. 6707  
 F: 631.287.8633

Email: [info@futurestarsouthampton.com](mailto: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, nor it's 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 videos taken at Future Stars Southampton as promotional material. I have carefully read all of the information and agree to all conditions.

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