



2015/16 Men's Indoor Soccer Leagues

Team Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Work #: _____ Cell #: _____

Email 1: _____ Email 2: _____

Team Contact 2: Name: _____ Ph: _____ Email: _____

Team Name: _____

Team Level: Premier Competetive Recreational Over 30

Sessions

- | | | | | | | |
|---|-----------------|-----------------|--|-----------|--|-----------|
| <input type="checkbox"/> FALL - 8 wks | Oct 12 - Dec 10 | \$1000 per team | <input type="checkbox"/> MONDAY - Division 2 | 7pm start | <input type="checkbox"/> THURSDAY - Division 1 | 7pm start |
| <input type="checkbox"/> WINTER 1 - 8 wks | Dec 14 - Feb 8 | \$1200 per team | <input type="checkbox"/> MONDAY - Division 2 | 7pm start | <input type="checkbox"/> THURSDAY - Division 1 | 7pm start |
| <input type="checkbox"/> WINTER 2 - 8 wks | Feb 22 - Apr 14 | \$1200 per team | <input type="checkbox"/> MONDAY - Division 2 | 7pm start | <input type="checkbox"/> THURSDAY - Division 1 | 7pm start |
- (prices include referee)

A \$200 deposit per team 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 league 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@futurestarssouthampton.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: _____