



2019-20 Field Rental Form

Coach/Captain Name: _____ Team Name: _____

Sport: _____ # Of Participants _____

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

Home Phone: _____ Cell#: _____ Work #: _____

Fax #: _____ Email 1: _____ Email 2: _____

Session	Day	Time	Field Size
<input type="checkbox"/> Fall (4 wks) Sept. 30 - Oct. 27 <input type="checkbox"/> Winter 1 (8 wks) Oct. 28 - Dec. 22 <input type="checkbox"/> Winter 2 (8 wks) Jan. 6 - Mar. 1 <input type="checkbox"/> Spring (6 wks) Mar. 2 - Apr. 12	1st CHOICE Mon__ Tues__ Wed__ Thurs__ Fri__	1st CHOICE _____ to _____	<input type="checkbox"/> Third field <input type="checkbox"/> Half field <input type="checkbox"/> Two Thirds <input type="checkbox"/> Full Field
	2nd CHOICE Mon__ Tue__ Wed__ Thurs__ Fri__	2nd CHOICE _____ to _____	

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: _____