



Hub City Soccer Winter Adult League Registration Form

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

*By registering for this program, I understand that I must be at least 18 years of age, and that I will be required to sign a waiver of liability prior to participating

Name _____ Date _____

****SIGNATURE REQUIRED BEFORE REGISTRATION CAN BE PROCESSED****

Registration Fee: \$75 per player

****CREDIT CARD Information: If paying by credit card please fill out section below:****

Name on Credit Card: _____ Signature: _____

Credit Card Number: _____ Exp. Date _____ 3-digit code: _____

Mail Completed forms and fees to:

*****Hub City Soccer PO Box 584 Aberdeen SD 57402-0584*****