



Hub City Soccer Club Adult League Winter Registration Form

First Name _____ Last Name _____

Address _____ City/Zip _____

Phone _____ Email Address _____

Date of Birth _____ Gender (M/F) _____

*****SIGNATURE OF PARTICIPANT REQUIRED BEFORE PLACEMENT ON A TEAM CAN BE COMPLETED*****

Name _____ Date _____

DEADLINE: January 13th

FEE: \$60.00 per player

****CREDIT CARD Information: VISA/MASTERCARD Accepted – Fill out below**

Name on Credit Card _____ Amount authorized _____

Credit Card Number _____ 3 Digit # _____

Type (Visa/Mastercard) _____ Expiration Date _____

**(Completed forms can be brought to Matchbox-110 Centennial St or mailed to
HCSC PO Box 584, Abd, SD 57401)**