

BREAK AWAY SPORTS

WEB Over 40 Open Play 2020 SUMMER Season Pass

Complete & Return to: BREAK AWAY SPORTS CENTER, INC.,
5964 Executive Dr., Madison, WI 53719

Participant Name

Date of Birth(mm/yy)

Address

City

Zip

Telephone (Primary)

(Alternate)

Email address

Adult Player - MUST read & sign!

As an adult player, I have read & understand the registration procedures listed in this brochure. I accept the responsibility as a participant that the registrant indicated above will play according to the policies listed in the registration procedures in the Open Play flyer and on Breakawaysports.com including but not limited to new COVID-19 policies. Any participation to the contrary will be subject to removal from further participation of myself, the participant without refund. I agree to allow Break Away Sports Center to contact me about soccer programs they offer during the upcoming season

X _____
Adult Player Signature

Over 40 Open Play SUMMER Season Pass \$112

OPTIONAL CREDIT CARD PAYMENT I understand that by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above individual registration.

☐

Master Card

☐

Visa

☐

Discover

☐

AmEx

Card Holder Signature X _____

Card # _____

Exp. Date _____