## **LETTER OF INTENT/MEMBER REGISTRATION 2019** San Diego Sol Basketball Club

TEAM NAME: San Diego Sol – Local Team			AGE GROUP:			
PLAYER NAME:			DATE OF BIRTH:			
PRIMARY ADDRESS:		CI	TY:		ZIP:	_
PARENT/GUARDIAN 1:		PF	HONE: (	)		
PARENT/GUARDIAN 2:			HONE: (	)		
	N AND AGREEMENT. As the season as stipulated in this Letter					this player
expenses for practices, game	9 season is \$425.00 for returning es, tournaments, leagues, club re layers new to the Club need to pourance.	gistration fees,	coaches stip	ends, administra	tive fees, team equip	ment and
\$620.00 (remember to remove	ade in one full installment of \$4 ve the \$50 for tryouts) for new per for returning players and a \$40	olayers by Mar	ch 27, 2019.	San Diego Sol w	rill accept monthly pa	ayments as
	PLAYER STATUS	March 27	April 27	TOTAL		
	Returning Player	\$200.00	\$200.00			
	New Player	\$305.00	\$305.00	\$610.00		
The obligation to participation. Any failure to	ay fees for the entire club season pay the fees for the entire season outstanding will be refunded or outstanding will be refu	n is uncondition on will result ir	nal. Club Fee	es will not be pro the San Diego So	ol Basketball Club.	No portion
The enrollment sha month's fees. These fees are	ll be accepted and the reservation e nonrefundable.	n entered upor	n execution of	f this Agreement	and upon payment of	of the first
	all not be modified except by wr ly and severally responsible for				parent or guardian sh	all sign this
	all be deemed to have been enter with the provisions of Californ		State of Calif	ornia and its vali	idity, effect and oper	ation shall
enforceability of any other p	ovision of this AGREEMENT is provision herein. If any provision hed to be severed and deleted, as	n or portion of	this AGREE	MENT is held to	be illegal or invalid	by a Court,
Date:	Signatures of Parents	or				
	Guardians Accepting Financial Responsibil					
Names Printed:						
	ACCEPTED BY:					

Amy Cleveland, President San Diego Sol Basketball