



<b>Staff Only</b>
Entered By: _____
Entry date: _____

## ADULT LEAGUE AUTO RENEWAL

RCF Adult League Auto Renewal is for Teams who are interested in renewing their commitment to play at Rose City Futsal for upcoming seasons. We know life can get hectic so let us help take away the stress of re-signing up your team every session!

**By signing up for auto-renewal your team gets:**

- Stress/hassle free registration with automatic roll-over registration for upcoming seasons
- A guaranteed\* spot in the upcoming season
- Scheduled automatic payment dates
  - The option of a one time full payment or two time split payment schedule
- Priority movement between divisions
- 10% off in Clive's Public House with auto-renewal card

**To qualify for Auto-Renewal your team must:**

- Currently be playing in the league and be in good standing
- Have an up to date credit card on file to be automatically charged for upcoming league registration.

**Auto-Renewal Dates:**

- Auto-Renewal Confirmation Email starting: Week 6 of active season
  - *Payment dates will be set in confirmation email*
- **Deadline to Drop: 2 weeks [15 days] prior to the start of the new session**

***\*Auto-Renewal Terms and Conditions***

- *Auto-Renewal is a voluntary commitment that can be cancelled or modified by either the player or Rose City Futsal.*
- *Should a team wish to cancel or make changes [i.e. move up or down a division, change payee/team captain, change card on file] to their Auto-Renewal Plan they must **email [info@rosecityfutsal.com](mailto:info@rosecityfutsal.com) at least 2 weeks [15 days] before the start of the new session.***
  - *If a team cancels they must wait two sessions before resigning up for Auto-Renewal.*
  - *Teams are subject to full league payment for any cancellation requests within 15 days of the start of the new session [per RCF's Adult League Cancellation Policy]*

**BY SIGNING BELOW I AGREE TO THE ABOVE TERMS AND CONDITIONS. I AGREE TO ALLOW MY CARD ON FILE TO BE AUTOMATICALLY CHARGED FOR UPCOMING TEAM REGISTRATION AND ANY POSSIBLE CANCELLATION OR RESCHEDULE FEES THAT MY TEAM MAY INCUR WITHIN OUR STATED LEAGUE POLICIES.**

Name of Team: \_\_\_\_\_ Current Division: \_\_\_\_\_

Full Printed Name of Team Captain: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 Digits of Credit Card to be charged: \_\_\_\_\_ Exp. Month and Year: \_\_\_\_\_

Team Captain's Authorizing Signature: \_\_\_\_\_