



## Batting Cage Membership Contract

### Member Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ACH Billing (1<sup>st</sup> of Every Month)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Membership Contract

This Client Information sheet, the Master Terms, and its incorporated Purchase Order(s) (collectively, the "Season Pass Agreement") constitute a binding agreement between the Client and NorCal Indoor Sports Inc. By signing, including electronically signing, and returning it to NorCal Indoor Sports you indicate that you

have read, accept, and agree to the Season Pass Agreement on behalf of, and as an authorized representative of, the Client identified. The Season Pass Agreement becomes effective between the parties as of the date signed by Client (“Effective Date”).

**Payment Terms**

The “Client” will agree to a 12-month payment plane with PPSM Inc DBA Norcal Indoor Sports. Each month the “client” will be charge \$100.00 on same calendar day each month. After the initial 12 months the “client” will move to a month-to-month option automatically.

**Cancelation policy**

At any time the “client” wishes to cancel, they must give PPSM Inc DBA Norcal Indoor Sports a 30-day written notice. In the event the “client” wishes to terminate this contract they will be held responsible for the remaining balance of the initial 12-month agreement.

**Machine Operation Policy**

The “client” will be given 3 tokens per machine visit during their contract with PPSM Inc DBA Norcal Indoor Sports. In the event a machine is down for maintenance or lane rental the “client” will need to wait for that lane / machine to be back in operation.

**Sharing Policy**

At no point is the “client” to share with any other person(s).

Client Signature: \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Today’s Date: \_\_\_\_\_



Today’s Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Authorizing Employee: \_\_\_\_\_