



Perfect Game Baseball Association LLC  
**INDEPENDENT AFFILIATE DIRECTOR**  
 MEMBERSHIP FORM & CONTRACT



**Member Details:**

Business Name Upstate Mavericks  
 Contact Name Chris Wall  
 Address 409 South Openfield Ct City Lyman State/Zip SC  
 Email: Coachwall@gmail.com Phone 864-380-6100

**Membership Details**

Period of Membership commencing on Nov 1<sup>st</sup> 20 18, for which the membership fee of \$150.00 is due and payable.

**Required Fees**

Annual Membership Fee (collected by PGBA).....\$150.00

Per Event Affiliation Schedule.....Fees of \$50 per team per event due PGBA.

PG Super 25 Events.....12u and younger - \$50/team, NO entry fee to Super25 National Championship

PG Super 25 Events.....13u and older - \$50/team, PLUS entry fee price to Super25 National Championship

I agree to purchase all baseballs used for my events through the PGBA Online Director Store

Tournament General Liability Insurance.....Base Plan \$7.00 per team/per event due from "at event" director

**Credit/Debit card details:**

Name on card: Chris Wall Expiration Date 02/22  
 Card No. 4741 6630 0115 5333 Security Code 424  
 Bank Account No. \_\_\_\_\_ Name of Bank \_\_\_\_\_  
 Bank Routing No. \_\_\_\_\_ Bank Phone # \_\_\_\_\_

I hereby authorize PGBA and/or Perfect Game Insurance Agency to automatically debit the above account(s) for fees generated through my business as a Tournament Director. I further warrant that I am the rightful owner of the account(s) listed above.

Signature Chris Wall  
 Preferred account for automatic debit withdrawals ☐ Bank ☐ Credit Card

*Automatic withdrawals/debits will be made 4-10 days after the final day of the event. Invoices will be sent prior to the automatic debit withdrawal and you will have a 48-hour period to submit any requested changes to your billing. All billing is final after the 48-hour grace period.*

I, the undersigned applicant for membership, confirm as follows:

1. I am in good physical condition and I am not aware of any medical or other reason why I should not participate fully in PGBA's activities.
2. I have been given the opportunity to read PGBA's Terms & Conditions before applying for membership.
3. I understand that when this Form has been signed by me and by an authorized officer of PGBA, there will be a legally binding contract between PGBA and myself and incorporating PGBA's Terms & Conditions.

Signed: Chris Wall Applicant 10/25/18 Date \_\_\_\_\_  
 Accepted \_\_\_\_\_ for PGBA \_\_\_\_\_ Date \_\_\_\_\_