



Extended Payment Plan Application 2016-2017 Season

It is the mission of Tarpon FC not to turn away any player due to a family's inability to pay all Registration Fees upon initial registration. By completing this form you agree to have all registration fees paid in full by December 31, 2016.

Player Name: _____ Team: _____

Address/City/Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Name: _____

Total Club Registration Fee for your player:

\$ _____ (circle one) U8 - \$400 - U9/U10 - \$500 - U11/U12 - \$600 - U13 - U19 - \$800
\$ + 50.00 Volunteer Fee (will be refunded upon completion of 5 volunteer hours, ask for more information)
\$ - _____ Payment Received
\$ = _____ **Balance of Fees Owed**

Payment Schedule: Please list specific amounts and dates payments will be made.

\$ _____ July 1st
\$ _____ August 1st
\$ _____ September 1st
\$ _____ October 1st
\$ _____ November 1st
\$ _____ December 1st (final payment)
\$ _____ **OVERALL TOTAL** (equal to the Balance of Fees Owed from above)

*** I understand that payments are due as stated above. I understand that if a payment is missed my child will not be eligible to play until the overdue payment is received. I understand that a returned check for Insufficient Funds will result in a \$25 Returned Check Fee and the full balance will be due immediately, to be paid in cash, or my child will not be eligible to play. I understand that this agreement will be strictly enforced.**

Parent/Guardian Signature: _____ Date: _____

Registrar Signature: _____ Date _____

ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL BY TARPON FC

Tarpon FC * P.O. Box 848 * Tarpon Springs, FL * 34688