

MSVB ACCOUNTING ONLY

DATE INITIAL PMT REC'D: _____

AMOUNT REC'D: _____

REC'D BY: _____

TYPE: CASH / CC / CHECK OR MO # _____

Player Name _____

Midnight Sun Volleyball 2009-10 Financial Contract

This contract needs to be turned in with the rest of the paperwork booklet at the 2nd evaluation. If your daughter was selected from the first tryouts then she needs to bring this signed contract with a check for at least the initial \$200.00 payment to her 2nd evaluation. Please initial the payment option you select.

_____ I elect to pay in one lump sum (INCLUDING the initial \$200) of \$710.00 by the 2nd evaluation.

_____ I elect to pay with 1 payment. The payment (after the initial \$200) of \$510.00 is due by December 15th, 2009.

_____ I elect to pay with 2 payments. The first payment (after the initial \$200) of \$255.00 is due by December 15th, 2009. The second payment of \$255.00 is due by February 15th, 2010.

_____ I elect to pay with 3 payments. The first payment (after the initial \$200) of \$170.00 is due by December 15th, 2009. The second \$170.00 is due by February 15th, 2010, and the third payment of \$170.00 is due by April 15th, 2010.

_____ I elect to pay with 6 payments. The first payment (after the initial \$200) of \$85.00 is due by December 15th, 2009 and the remaining 5 payments of \$85.00 are due by the 15th of the month in January, February, March, April and May.

CREDIT CARDS ARE ACCEPTED WITH A 2% PROCESSING FEE

Name on card: _____

CC number: _____ **3 digit code** (on back) _____ **Exp.** _____

I fully understand and will comply with all terms set forward in the agreement above. By signing this agreement, I have read and fully understand all areas of the agreement. I understand that there is no refund of any monies once this contract is submitted unless a player cannot participate because of illness or injury (supported by a doctor's written evaluation). If my daughter withdraws for any other reason, I understand that I must pay for the entire balance remaining on the \$710.00.

Person responsible for payments (please print): _____

Mailing Address: _____

E-mail: _____

Home Phone: _____ Work Phone: _____

Parent Printed Name	Parent Signature	Date
_____	_____	_____

Always check the website www.midnightsunvolleyball.com at least once a week for updated information regarding teams, practices, payment info, and contact info.

Keep the yellow copy of this contract for your records.
\$30 NSF fee applies and all future payments must be in cash or money order.

All billing communication will be via e-mail from msvbaccounting@yahoo.com. Statements may be distributed at tournaments. If you wish a paper invoice, please submit an additional fee of \$10 to cover processing and initial here _____.