



**CLUB EXTREME
VOLLEYBALL**

2018-2019 Club Fees-Payment Plan

13 -18's Teams: American or Regional: \$725 / Player Teams Plus Handling Fees
Boys Teams: \$575 / Player Teams plus Handling Fees
12U Teams: \$550 / Player Teams plus Handling Fees
Elite Teams: \$1,600 / player plus Handling Fees

Payment in full is due by the first practice in January unless you would partake in Payment Plan.

If payments need to be extended, then a **\$20** handling fee will be applied the cost to the club fees. The new club fees will be **\$570-12's / \$595-Boys / \$745-Regional/American / \$1620 Elite. A Payment Plan Agreement shall be completed and submitted.** (Less the Non-Refundable Deposit of **\$100.00** due upon commitment to club)

3-Payment Plan Option:

Parent or Guardian shall complete and submit the Payment Plan Agreement below.				
Due Date	BOYS	12U	13-18U Regional/American	Elite
Upon Acceptance [10 days]	\$100 10/17/18	\$100 11/7/18	\$100 13-14's 11/7/18 15-18's 11/21/18	\$100 13-14's 11/7/18 15-18's 11/21/18
1st Payment Due	\$225 11/1-4/18	\$220 1/3-4/19	\$300 1/3-4/19	\$520 1/3-4/19
2nd Payment	\$135 11/30/18	\$125 1/27/19	\$195 1/27/19	\$500 2/17/19
Final Payment	\$135 12/16/18	\$125 2/17/19	\$150 2/17/19	\$500 2/17/19
IF PAYMENT IN FULL IS NOT RECEIVED BY DECEMBER 31ST, 2018 FOR THE BOYS AND FEBRUARY 28TH, 2019 FOR THE GIRLS, ATHLETES PLAY TIME CAN BE AFFECTED.				
<small>Kathy Catanzaro-Perry, Mayor</small> Massillon <small>City of Champions</small>				

*Any issues or concerns regarding the Payment Plan and Automatic Payments, Contact:
::: Massillon Recreation Center : 330-832-1621 :::
Sports Supervisor: Tiana Spencer X30*

Club Extreme Volleyball 2018-2019 Club Fees-Payment Plan Agreement

2018-2019 Club Extreme Volleyball Payment Plan Acknowledgement:

I, _____ the parent/legal guardian of _____
_____ agree to the above payment

option for the Club Extreme Volleyball's club fees for the 2018-2019. The total amount owed for the 2018-2019

USAV – JO volleyball season is: \$595.00 / \$570.00 / \$745.00 / \$1620.00 (Please Circle)
Boys / 12U / 13-18U Reg/Am / Elite

Team: _____ Coach: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Signature: _____

Name – Please Print: _____

Address – Please Print: _____

Phone Number: _____

I understand the following:

○ I understand that I am in full control of Automatic Payments. I also understand that these changes will be deducted on each due date. This authority will remain in effect until I notify the City of Massillon Parks and Recreation Department, in **writing**, to discontinue my enrollment in the Automatic Payment Plan. I further understand, if, for any reason, an automatic transaction does not clear the bank [i.e. insufficient funds, closed account, etc.] then I will be assessed a \$40.00 NSF fee as per City Ordinance.

Financial Institution Routing Number [DBA Number]: _____

Checking Account Number: _____

Savings Account Number: _____

Credit Card Account Number: _____

Parent (s) / Legal Guardian Signature: _____

IMPORTANT:

A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED BELOW:

