Team Dinger Payment Processing Agreement

Player's Full Name :_____

Age (circle one): 10U 11U 12U 13U 14U

Credit Card Information:

Name (as shown on card):

FULL Billing Address (street, city, state, zip code):

Card Number:_____

Expiration Date:	CVV Code:
Expiration Date:	

By signing below, the parent/credit card holder agrees to pay the amount indicated for the current season. Unless the player resigns from the team **with a 30 day notice**, billing will continue at the current rate (or one additional billing cycle AFTER the player resigns).***All payment amounts below will have \$100 subtracted from 1st payment if Team Acceptance Deposit has been paid online* **

- _____ 10U: \$2075 (3 payments of \$691.67 on 1/16, 2/16 and 3/16)
- _____ 11U NAVY: \$2075 (3 payments of \$691.67 on 1/16, 2/16 and 3/16)
- _____ 11U WHITE: \$2118 (3 payments of \$706.00 on 1/16, 2/16 and 3/16)
- _____ 12U: \$2100 (3 payments of \$700.00 on 1/16, 2/16 and 3/16)
- _____ 13U NAVY: \$2100 (3 payments of \$700.00 on 1/16, 2/16 and 3/16)
- _____ 13U WHITE: \$2200 (3 payments of \$733.34 on 1/16, 2/16 and 3/16)
- _____ 14U: \$2200 (3 payments of \$733.34 on 1/16, 2/16 and 3/16)

_____ My child is on scholarship and/or I have a different payment schedule arranged with Chad. (please check ONLY if you already have this arranged with Chad for Spring 2019): My arrangement is

SIGNATURE:

CELL PHONE: _____

EMAIL ADDRESS: _____