

## Team Dinger Payment Processing Agreement High School Teams I Fall 2020

For Fall 2020, each player is paying \$225/month PLUS tournaments. Tournaments will be billed as they occur. **You MUST have a card on file, no exceptions.**

Player's Full Name : \_\_\_\_\_

### Credit Card Information

Name (as shown on card) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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).**

\_\_\_\_\_ 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 Summer 2020): My arrangement is

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL for Invoices/Receipts: \_\_\_\_\_