



# PAYMENT PLAN REQUEST FORM

## Player Information - (Please Print Legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

ORGANIZATION: **MEADOWDALE MAVERICKS** \_\_\_\_\_ / **MUKILTEO WOLVERINES** \_\_\_\_\_

TEAM: PEEWEE \_\_\_\_\_ 89ER \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ CHEER \_\_\_\_\_

### Applicant(s) Information (Person committing to agreement to pay as outlined below)

Applicant Full Name	Applicant 2 Full Name
Relationship to Player	Relationship to Player
Home Phone	Home Phone
Cell or Work Phone	Cell or Work Phone
**Email Address	**Email Address
Street Address	Street Address
City, State, Zip	City, State, Zip

### Payment Plan Arrangements

Amount Owning: \$

Payment Plan: - please document payment arrangement in the box below.

**NOTE: amount owing noted above MUST be paid in full BEFORE 10/1/2010 or player will be suspended till the issue is resolved.**

The preferred payment plan schedule is equal payments paid on at least a monthly basis until balance is fulfilled. However, all plans will be considered by Treasurer.

**NOTE: Cheer Uniform payments MUST be made by date given by Director. We are not able to set payment plans on Uniform payments.**

Treasurer Accepts this plan: \_\_\_\_\_ (signature of Treasurer)

All information on this form is accurate to the best of my knowledge. I fully agree to these payment terms and understand that if I do not communicate any necessary changes to this plan or fail to follow through with my commitment as outlined above to the Treasurer it could result in my child not being able to participate until such time that the President and/or Treasurer deem that an acceptable agreement has been made.

Signature of Parent / Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Send Form to:  
**MYS**  
 Attention: Treasurer  
 P.O. Box 203  
 Mukilteo, WA 98275