3367 Hoyt St.

Muskegon, MI 49444

 (231) 739-3311



# **Date \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_**

##  WINTER Session 2024 PAY-TO-PLAY AGREEMENT

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| --- |
|  CUSTOMER INFORMATIONParent please fill out completely |
| Player’s Name (First and Last) |  |
| Parent’s Name (Mom and Dad) | Player’s Cell Phone:  |
| Street Address | City | State | Zip | Phone: |
| Visa / MC / DISC | Name on Card |  |
|  |  | Card Number: -- -- -- Exp. / 3 digit # |
| Father’s Employment | Work Phone | Mother’s Employment | Work Phone |
| PAYMENT INFORMATION |
| Player Deposit Fee of $200 non-refundable is paid at conclusion of tryouts before a player is placed on a team. By December 18, 2023, the remainder of the Player Fee is due and must be paid in FULL or by the Installment Plan 50/50%. If paying by the Installment Plan, two equal payments of the remainder are due on December 18, 2023 and January 22, 2024. **In order to choose this option you MUST completely fill out this form and give us a valid credit card number.** There is a one time $10 fee for the payment plan. You may still pay the remainder due by cash or check prior to the due dates but if payment is not received by due date, your credit card will be charged. If your card is declined and payment is still not received, the player will not be allowed to practice or participate in games until payment is received. \***Online payment available via Square. Link is available through our website.\*** |
|  **\****This section to be filled out by Inside Out Staff Only* **$40 Tryout Fee Pd -**  Date Paid: Payment Method:  |
|  **Player Deposit Fee $200 Non-Refundable** Date Paid: Amount Paid: Payment Method: |
|   |
| **Charge $40 Tryout Fee to credit card provided? Yes / No Deposit? Yes / ­No**   |
| OPTION I – Pay In FULLCheck Box for Option I  | OPTION II – Installment Plan 50/50% (Credit Card and Check Box for Option II - $10 fee Signature Required) |
|  Due December 18, 2023  |  **Due December 18, 2023** **Installment I (50%)** | **Due January 22, 2024 Installment II (50%)** |
| *\*This section to be filled out by ISO staff only\**Date Paid: | Date Paid: | Date Paid: |
| Payment Method: | Payment Method: | Payment Method: |
| Amount Paid: | Amount Paid: | Amount Paid: |

|  |  |
| --- | --- |
| I have read this agreement and understand its contents. I am agreeing to pay Inside Out Volleyball in full for the 2024 volleyball club season regardless of injury or failure to complete the season for any reason.I grant permission for Inside Out Volleyball to bill authorized credit card if I should fail to keep payments current.SIGNED**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Inside Out Representative | I understand that if adding or dropping a tournament(s) changes the team schedule, or if additional equipment is added, the amount due could be increased. I hereby agree to pay any difference that is due.**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer |