

Team Dinger Payment Processing Agreement

Player's Full Name : _____

Team (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: _____

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).

_____ 10U: \$2075 (3 payments of \$691.67 on 1/13, 2/13 and 3/13)

_____ 11U NAVY: \$2075 (3 payments of \$691.67 on 1/13, 2/13 and 3/13)

_____ 11U WHITE: \$2118 (3 payments of \$706.00 on 1/13, 2/13 and 3/13)

_____ 12U: \$2093 (3 payments of \$697.67 on 1/13, 2/13 and 3/13)

_____ 13U: \$2125 (3 payments of \$708.34 on 1/13, 2/13 and 3/13)

_____ 14U: \$2257 (3 payments of \$752.34 on 1/13, 2/13 and 3/13)

_____ 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: _____