



**P.O. Box 8383
Rockford, IL 61126**

**Rock Run Soccer Club
Installment Fee Agreement 2010-2011
High School Teams**

I/We agree to make the following payments on the fees I owe to the Rock Run Soccer Club.

1. Fee Schedule.

	Paid in full	Paid in installments
U15 and older	\$ 750	\$ 800

2. Player Name(s).

Player 1: _____ Team: U-_____ Boys Girls
(circle one)

Player 2: _____ Team: U-_____ Boys Girls
(circle one)

3. Total Fees Owed.

\$ _____ Total Fees
 \$ _____ Less Down payment (\$250 per child)
 \$ _____ Less Discount (\$50 per child for 2nd and each additional child)
 \$ _____ **BALANCE DUE**

4. Installment Payments.

- I agree to a monthly installment payment of \$ _____.
- My first installment payment will be due on July 1ST 15TH (circle one) (Girls)
 My first installment payment will be due on December 1ST 15TH (circle one) (Boys)
- Subsequent installment payments will be due and processed on the same day of the month in four (4) equal and consecutive monthly installments until Club fees are paid in full.

5. Conditions.

- **Automatic Payment.** I understand that by choosing this installment payment plan, I must also sign up for automatic payment via credit card or bank account debit. I understand that by

electing to make installment payments, my fees are higher to defray the costs of administering the automatic payment system.

- **Late Payments.** If payment under this installment agreement is 30 or more days delinquent, I understand that player cards will be pulled and **my child will not be allowed to participate in any practices, games or other Club activities until payment has been received and this installment payment plan has been brought current.**
- **Returned Payments.** If a payment is returned for insufficient funds, or a charge is disallowed, then I understand that I will be charged a fee of \$25, in addition to any bank or other fees imposed on the Rock Run Soccer Club account.

I/We agree to make payments to the Rock Run Soccer Club as set forth in this installment agreement, and I understand the consequences for failure to make payments. If I fail to make payments, I understand that I will be responsible for any fees incurred by the Rock Run Soccer Club to collect the fees owed, including any collection agency fees, attorneys' fees and costs of suit.

Signed: _____ (Parent or Guardian)

Print Name: _____

Date: _____

Signed: _____ (Other Parent or Guardian)

Print Name: _____

Date: _____

PARENT/GUARDIAN CONTACT INFORMATION

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____