



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

**Rock Run Soccer Club  
Installment Fee Agreement 2010 - 2011  
U; - U14**

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

**1. Fee Schedule.**

	<b>Paid in full</b>	<b>Paid in installments</b>
U9 – U10	\$ 650	\$ 750
U11 – U12	\$ 850	\$ 950
U13 – U14	\$1100	\$1200

**2. Player Name(s).**

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

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

Player 3: \_\_\_\_\_ Team: U-\_\_\_\_\_ Girls Boys  
(circle one)

**3. Total Fees Owed.**

\$ \_\_\_\_\_ Total Fees

\$ \_\_\_\_\_ Less Down payment (\$250 per child)

\$ \_\_\_\_\_ Less Discount (\$50 per child for 2<sup>nd</sup> and each additional child)

\$ \_\_\_\_\_ **BALANCE DUE**

**4. Installment Plan.** I elect to pay my Club fees in installments as follows (check one):

- Four month installment plan (final payment due in October)**
- Eight month installment plan (final payment due in February)**

**5. Installment Payments.**

- I agree to an installment payment of \$ \_\_\_\_\_ per month.
- My first installment payment will be due on July 1<sup>ST</sup> 15<sup>TH</sup> (circle one)

- Subsequent installment payments will be due and processed on the same day of the month in equal and consecutive monthly installments until Club fees are paid in full.

**6. 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: \_\_\_\_\_

<b>PARENT/GUARDIAN CONTACT INFORMATION</b>			
Phone Number:	_____		
Street Address:	_____		
City:	_____	State:	_____
		Zip Code:	_____
Email:	_____		