



VICTORIA SOCCER CLUB

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PARENT/GUARDIAN PAYMENT AGREEMENT

Player's Name: (Please Print) _____

Team: (please check) U10___ U11___ U12___ U13___ U15T2___
U15T1___ U17T2___ U17T1___

- I/We agree to assume all financial responsibilities for my/our child's participation in the Victoria Soccer Club's Youth Soccer Program.
- If there are insufficient funds in my/our account(s) when the pre-authorized payment is processed, a \$35 NSF returned charge will apply.
- I/We understand that the fees are calculated on an annual basis and as per Club policy, there are no refunds.
- I/We understand that the jersey deposit and the shorts purchase are added to the annual fees.
- I/We understand that a one-time 5% Administration fee applies, which is added to the grand total owing.
- I/We choose the following payment option as per the chart, attached (please check):

_____ Option #1 (30% down, 10% monthly payments, due the 1st day of October, November, December, February, March, April and final payment on May 1st

_____ Option #2 (40% down, 30% due on December 1, 30% due on March 1

I/We have read and agree to the above statements.

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian's Signature: _____

Dated this _____ day of _____, 20__.

Parent/Guardian is to provide a void cheque to facilitate the automatic monthly withdrawal.