Payment Plan Contract

Name of Student: _____ Date: _____
Parent/Guardian Name: _____
Address: _____
City/State/Zip: _____
Email: _____ Phone #: _____

Circle Team: Varsity Junior Varsity

I, the parent/guardian, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below to Coach Troc. I understand the consequences that will be brought against me and my daughter if the contract is violated. The penalties include applying fees to the student's school account, suspension, and possibly being removed from the team. I agree to pay any fees and costs to the coach on time, if not, notice will be given.

Total amount owed (beginning balance)……..$_____

Payment Date	Payment Amount	Balance

I agree that the above schedule of payments is an acceptable resolution for the total amount for the Pom Team. I will remain current with this payment plan

_____ _____

Parent/Guardian Signature **Date**