



Wonderland Wizards Youth Hockey Association (WWYHA) Wonderland Wizards Payment Plan Policy 2019-20 Season

The mission of the WWYHA is to provide an outstanding educational-athletic organization and an opportunity for every child to play hockey, regardless of their family's financial ability to pay. The WWYHA seeks to provide financial assistance to families in need through a payment plan process. These plans are approved on a discretionary basis by the WWYHA Treasurers and the Board of Directors as required based on demonstrated financial need of the applicant.

Applicants can be assured that all information related to application and administration will be kept in the strictest of confidence and will only be shared with the applicant, the Treasurers and the Executive Board of Directors.

Payment plan applications will be evaluated and established at the sole discretion of the WWYHA Treasurers based on financial need and will not be established for convenience. The following terms and conditions apply to all WWYHA payment plans:

- Credit and debit cards are the only acceptable forms of payment under a payment plan
- You are responsible for contacting the WWYHA Treasurers to make payment in accordance with your plan. Reminder notices will not be sent and the WWYHA Treasurer will not reach out to you. Ensuring on-time payment is your responsibility.
- A \$25.00 late fee will be assessed to the player's account if payment is not made on-time. If payment is still not made within 3 calendar days of the due date, the payment plan will be deemed null and void and all remaining payments under the plan will be immediately due, in accordance with the terms of the WWYHA Fee Payments Policy.

For consideration, this application MUST be completed and emailed directly to Leah Cybart at Leah.Wizards@gmail.com

PLEASE DO NOT MAIL THE APPLICATION TO THE WONDERLAND WIZARDS P.O. BOX.

The WWYHA reserves the right to verify information provided to us on the application.



Wonderland Wizards Youth Hockey Association (WWYHA)
 Payment Plan Application Form
 2019-20 Season

- 1) Please list all of your children that are planning to participate in WWYHA during the 2019-20 season:

NAME	2019-20 TEAM	TUITION

- 2) Please state the reason(s) you are requesting a payment plan:

- 3) Please provide the following financial information:

	Mother/Guardian	Father/Guardian	Joint/Combined
Current Employer Name			
2018 Wages, Salary and/or Self-Employment Income			
Annual Income from Child Support and/or Alimony			
Other Annual Income			
Do you own or rent your home?			

- 4) I / we certify that the above information is true and correct. I / we authorize the WWYHA Board of Directors to make whatever inquiries deemed necessary to verify the information provided (this form must be signed by all custodial parents / guardians):

Mother / Guardian

Father / Guardian

Date

Date

WIZARDS TREASURER USE ONLY

Date _____

_____Approved _____Not Approved

Notes:

If approved:

Total Season Fee \$

Payment Plan:

Payment Due Date	Payment Amount	Balance Remaining