



Blaine Youth Hockey Association

Blaine Youth Hockey Association - 9250 Lincoln St. NE - Blaine, MN 55434

MEMBER PAYMENT AGREEMENT

I, _____, propose and agree to enter into this payment arrangement with Blaine Youth Hockey Association on this ____ day of _____, 20__ for the unpaid balance of \$ _____. I willingly agree to pay the amount of \$ _____ each () Week () Bi-Monthly () Monthly. My first payment will be submitted by the ____ day of _____, 20__.

- I understand and agree that my children will be ineligible to register or participate in any Blaine Youth Hockey events or activities after this current season due to the non-member status that accompanies delinquent accounts.
- I understand and agree that delinquency or the failure to fulfill my commitment may lead to my account being submitted to collections including fair and applicable collections fees as noted in the policies & procedures manual.
- I understand that my membership rights will be restored immediately upon full payment and satisfaction of my outstanding debt, even in the event of collections.

Print Name: _____ Family # _____

Address: _____

Signature: _____ Phone # _____

As a qualified representative of Blaine Youth Hockey this agreement has been reviewed, agreed upon and accepted on this ____ day of _____, 20__.

The Board further agrees to let the children of the debtor complete the current season as long as the debtor complies and meets the conditions of this agreement.

Print Name: _____ Date: _____

Signature: _____ Title: _____