

# SEASON 22 FINANCIAL AGREEMENT FORM

THIS FORM IS DUE AT TRYOUTS FOR ALL ATHLETES

I, \_\_\_\_\_ parent of \_\_\_\_\_  
(parent/legal guardian name) (athlete's name)

Understand and agree to the following:

- All payments must be paid by the 15th of each month, June through April
- I understand that I am subject to a late fee charges according to the tryout packet, which I have fully read
- Excessive tardiness in payments will be grounds for my child not competing and possible dismissal from the team
- I also understand and agree that as a parent signing the contract; I am solely responsible for the tuition, allstar fees, travel fees, Uniform/warm-ups/practice clothes, Choreography/Music fees
- All fees (including prepaid) are non-refundable

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand and agree to allow South Central Xtreme All Star Cheerleading to charge the card and/or bank check card (with a major credit card symbol) that I have provided below in the case that I do not get my payments in on the designated due dates. Xtreme will allow a 15 day grace period after the due date before charging the card.

CREDIT CARD  VISA  MASTERCARD

CARD NUMBER \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_

BILLING ADDRESS

CITY, STATE, AND ZIP \_\_\_\_\_

Please charge my card listed above for all fees and tuition monthly...will be charged on or around the 1st of the month for fees

SIGNATURE of person on card \_\_\_\_\_

Parent/Legal Guardian of \_\_\_\_\_ (Print Athlete's Name)

PRINT Name of Parent/Legal Guardian \_\_\_\_\_

SIGNATURE of Parent/Legal Guardian \_\_\_\_\_