

# Financial Agreement

THIS FORM IS DUE @ TRYOUTS

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

Understand and agree to the following:

- All payments must be made by the 15th of each month, June-March
- Choreography/Camp fee, music fee, makeup & bow fee are all additional costs that are due on their exact due dates
- I understand that I am subject to a late fee charge of \$25.00 after the 15th of the each month. 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, All Star Fees, Travel Fees, Uniform/Warm-ups/Practice Clothes, Choreography/Music, and Camp Fees. All fees 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 ACCOUNT NUMBER \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY, STATE AND ZIP \_\_\_\_\_

Please charge my card listed above for all the Fees and Tuition.

Please charge this card monthly, according to the payment schedule.

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

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

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

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