Part Time: 1 Practice Per Week

through the clu acquire, trust b	, fully commute book and google drive, and wetween my coaches and teamm	will participate to 1 ates to give us the	ement Santa Cruz Beach Volleyball Club. I have read my fullest potential. I will look to build, and best opportunity to learn and interact. I will respect vill always do my best for myself and others.
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given program most circumsta terminate a pla	. I understand that once this for ances. In special circumstances, eyer from the program without	rm is signed and as refunds can be giv refund if the playe	tract z Beach Volleyball Club the full amount due for the greed upon, the program is non-refundable under en at the club's discretion. The club has the right to r is causing harm to the club, it's members, coaches,
	due January 13, 2018: \$950 Payment Schedule \$500 minimum deposit due.		
1/13/2018:	\$450 remaining balance due.		
contact you.	work for you, please submit youstom Payment Schedule	our custom plan fo	or club approval. We will review the submission and
12/1/2018:	\$500 minimum deposit due.		
	he club will review and sign. A		ded upon request.
Signed:	Date:	_ Signed:	Date:
Please return si	igned form to:		

Santa Cruz Beach Volleyball Club

1830 Jose Ave Santa Cruz, CA 95062