



Malden Y Swim Team Payment Option Agreement Form

Payment Options

- Option 1 – Pay swim team fees in full at time of registration (List swimmer’s name and mark PAID in FULL)
- Option 2 – Pay a \$75 deposit per child and remit payment for the balance through draft (EFT)

Payment Schedule	Deposit	1 st payment	2 nd payment	3 rd payment	4 th payment	TOTAL
Group	At Registration (Aug. 20th)	Sept. 28 th	Oct. 26 th	Nov 30 th	Dec 28 th	
Sr. Select	\$75	\$165	\$165	\$165	\$165	\$735
Sr. Black	\$75	\$151.25	\$151.25	\$151.25	\$151.25	\$680
Sr. Red	\$75	\$118.75	\$118.75	\$118.75	\$118.75	\$550
Sr. White	\$75	\$100	\$100	\$100	\$100	\$475
Jr. Select	\$75	\$138.75	\$138.75	\$138.75	\$138.75	\$630
Jr. Black	\$75	\$112.50	\$112.50	\$112.50	\$112.50	\$525
Jr. Red	\$75	\$112.50	\$112.50	\$112.50	\$112.50	\$525
Jr. Silver	\$75	\$112.50	\$112.50	\$112.50	\$112.50	\$525
Jr. White	\$75	\$86.25	\$86.25	\$86.25	\$86.25	\$420
Mini White	\$75	\$60	\$60	\$60	\$60	\$315

1. Child’s Name _____ Membership# _____

2. Child’s Name _____ Membership# _____

3. Child’s Name _____ Membership# _____

Billing Information (This person MUST sign this form below)

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Primary Form of Payment – must provide either credit card or bank account details if not paying in full

I authorize a bank draft for the balance of Swim Team fees according to the above schedule. Drafts not honored will be subject to a \$10 returned payment fee. Repeated returned drafts will result in withdrawal from the program or payment in full for the remainder of the season. I acknowledge the following **Refund Policy:** A refund will be issued for the amount paid less a \$10 administrative fee if the cancellation is received before the end of the 2nd week of practice. After the 2nd week of practice there will not be any cancellations honored nor refunds issued, except in the case of medical reasons documented by a doctor’s note excusing the child from the team. In the event of a medical cancellation the refund will be prorated to the date the doctor’s note is received. All cancellation and refund documentation must be requested by email to maldencrocs@gmail.com.

- Credit Card Details Bank Account Details: Attached voided check

Name as it appears on card _____ Name on Account _____

Card Type: MasterCard Visa Discover Type of Account: Checking Savings

Account Number: _____ Routing Number: _____

Expiration Date: _____ sec# _____ Account Number: _____

I have carefully read the above agreement and agree to abide by all of its terms.

Signature

Date