

ARIZONA SKY VOLLEYBALL CLUB
11410 N. 19th AVE. * PHOENIX * AZ * 85029 * (602) 944-1219
FINANCIAL COMMITMENT AGREEMENT FORM
Revised on 1-30-2020

TEAM _____ INITIAL COMMITMENT FEE _____ CHECK # _____ AMOUNT _____

I acknowledge that my child, _____ has been selected to participate in club volleyball and will abide by AZ Region/USA Volleyball rules and policies. I acknowledge that I have registered my child with the AZ Region/USA Volleyball and we are committed to Arizona Sky Volleyball Club from Nov 16, 2019-July 7, 2020.

I acknowledge that my regular season financial commitment to Arizona Sky VBC is \$ _____. National Teams are required to participate in post season tournaments (Festival, Junior Olympic Volleyball Competition). Unless otherwise noted on the Payment Plan, I understand that ALL post season competitions and/or tournaments are an additional expense and are not included in the above amount.

I understand that if my child withdraws from participation before the completion of their team's scheduled volleyball season, all prepaid monies will be forfeited. In addition, I will submit any remaining balance due within sixty (60) days from the time my child withdraws from participation in the club volleyball.

I further commit to making my monthly payments on or before the first (1st) of each month. Failure to provide timely payments will incur a late charge of \$25/month and may result in the suspension of my child's practice or participation. It is the parents/guardians responsibility to notify Arizona Sky VBC representatives by the seventh (7th) of the month that a payment will be late.

All bank and personal checks are payable to Arizona Sky VBC can be sent to:

Arizona Sky VBC, 11410 N 19th Ave, Phoenix AZ 85029

or can be deposited in the "Payment Box" located upstairs at Kingdom Courts. Please DO NOT give payment to your coaches. **Cash payments will only be credited if a signed receipt is received from the General Manager of Arizona Sky VBC.**

Any returned checks are subject to a \$25.00 return fee and all future payments must be made with a money order or cashier's check. I also understand that before my child can rejoin her team, all outstanding balances must be paid.

By signing this document, I agree to all the terms therein and have taking the time to read this document completely. By signing I also am stating that all my financial questions have been answered.

Parent/Guardian Print Name

Date

Parent/Guardian Print Name

Date

FOR OFFICE USED ONLY

ALTERNATE PAYMENT PLAN _____

APPROVED BY _____, DATE _____