



**PAYMENT PLAN REQUEST
Development Teams-New Players
Spring 2010 Season**

Program Requirements:

1. Completed request form with parent signatures
2. Minimum payment of \$75.00 due November 30th, 2009.
3. Full payment no later than March 31st, 2010.

Player Name _____ Team _____

Parent/Guardian Name(s) _____

Phone Number _____ Email Address _____

We are requesting a payment schedule as follows for the fall registration fees. Attached are post dated checks for the following dates and amounts. We understand we can also make payments online at www.gotsoccer.com. Additional apparel fees, if applicable, are due at time of registration. (If you need to make payments for the scholarship program, you will need to contact Phebe Bell or Kelly Herrington for approval.) info@sierramountainsoccer.com or 530-587-2633.

Date	Amount	Check #	Date Rcvd	Other approval required
November 30 th , 2009	\$75.00	_____	_____	_____
February 15 th , 2010	\$75.00	_____	_____	_____
March 15 th , 2010	\$75.00	_____	_____	_____

I / We hereby agree to comply with the above payment schedule to the best of our ability as a condition of our participation in the Sierra Mountain Soccer Club. I / We realize that failure to complete the payment program may result in my / our player's loss of position on their team for the next season.

Parent/Guardian Signature _____ Date _____