



Tracy Triton Swim Club Payment Plan Agreement

I, _____, agree to remit the following payments to the Tracy Triton Swim Club (TTSC) as noted below:

	Amount	Payment Date
Payment 1	\$100.00 per swimmer	April 5, 2021
Payment 2	\$100.00 per swimmer	May 1, 2021
Payment 3	Remaining Balance	June 1, 2021

This payment plan is interest and free of billing charges for the payment period; however, I understand that in the event any of the payments is ten (10) days late, the Tracy Triton Swim Club will add a financial charge to the account in the amount of \$75.00. Finance charges will accrue from the original charge date.

Should the above noted account become more than thirty (30) days in the arrears, the account privileges shall be suspended. This shall include suspension of rights to attend swim meets, practices and Club events.

Method of Payment:

Personal Check(s): See Information Above

Cash: See Information Above

I agree to the terms noted above. Further, I acknowledge to meet the obligations of the approved payments plan under penalty of financial changes and suspension from the team of all participants.

Signature of Responsible Party Date

Print Name

Address City State Zip

Phone Number

OFFICE/BOARD USE ONLY

Payment Plan Received by TTSC: _____ Payment Plan Acceptance Date: _____

Participants Name: _____ Participants Name: _____

Participants Name: _____ Participants Name: _____

Total Amount: \$ _____ Board Member Signature: _____ Date: _____