SOUTHERN NEVADA DESERT MERMAIDS
11700 W. Charleston Blvd. Suite 170-378
Las Vegas, NV, 89135
Tel: (702) 728-5766
www.nevadadesertmermaids.com

EXTRA ROUTINE FINANCIAL AGREEMENT

Competition Season: October 1st, 2017 to June 30th, 2018

Name of swimmer: _____

The swimmer will be participating in the following extra routine(s):

1) _____ $_____

2) _____ $_____

3) _____ $_____

TOTAL $_____

Below is an explanation of fees associated with the participation of the swimmer in extra routine(s) for the 2017-2018 competition season. Extra routines are based on recommendations from the coaches, commitment to the sport from the swimmer and financial commitment from the parents.

Extra Routine	***Monthly payment plan October – June***	***One-time payment – Due by Nov. 30th***
Solo Fees – All fees are due from October through June.	$80 monthly ($720.00)	$684.00 (5% discount)
Duet Fees – All fees are due from October through June.	$55 monthly ($495.00)	$470.25 (5% discount)
Team/Combo Fee – All fees are due from October through June.	$45 monthly ($405.00)	$384.75 (5% discount)

One-time Payment: Any extra routine can be paid in full at the beginning of the season for a discount. If payment in full is not received by November 30th then monthly payments will be assessed. There are no refunds or other discounts for extra routines. (A payment is due October 1st regardless if you choose to make a one-time payment since the one-time payment is due the following month).

Monthly Payments: If monthly payments are preferred, the payments will begin in October regardless of when the routine is finished. Extra routines are optional. Parents need to decide if they would like their swimmer to participate in an extra routine.

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All payments are due at the 1st of the month along with the monthly dues. All fees and stipulations outlined in the Financial Agreement apply to extra routine fees.

Included in your extra routine payment are the following: Pool and coaching time, competitive costume routine suit (Duet & Team/Combo suits remain property of the club) and entry fees for all scheduled meeting throughout the season for the included routine. Additionally coaches' travel to competitions is included.

**National or qualifying only meets, will have additional entry and travel fees assessed only to swimmers that qualify for those meets.

It is my intention to: _____ *make a One-time payment or* _____ *make monthly payments.*

By signing this agreement I/we understand I/we am/are fully responsible for paying the amount on this agreement. I/we also understand I/we am/are entering this contract in good faith and it is my/our intention for my child to swim and participate in the synchronized swimming program for the entire 2017-2018 season.

_____

Name of Parent/Legal Guardian (Please print)

_____ _____

Signature of Parent/Legal Guardian Date