

2024-2025 Club Fees - Payment Plan

Girls 13 -18's Teams: Regional \$900 : American \$1000 : Elite \$1500 / Player Teams
Plus Handling Fees

10U Teams: \$600 11U Teams: \$700 12U Teams: \$800 / Player Teams plus Handling Fees Boys Teams: \$800 / Player "U" Teams and \$1,500 / Player Elite Teams plus Handling Fees

Payment in full is due by the first practice in Boys November, Girls January unless you would partake in Payment Plan. Please note should payments not be made when scheduled, participation time may be affected.

If you choose to extend payments, then a \$20 handling fee will be applied the cost to the club fees. The new club fees will be for Boy's \$820 or \$1,520

Girls 10U \$620 11U \$720 12's \$820 13-18's \$920 Regional / \$1020 American / \$1520 Elite. A Payment Plan Agreement shall be completed and submitted. (Less the Non-Refundable Deposit of \$100.00 due upon commitment to club)

3-Payment Plan Option: Deposit / 1st portion of fees / 2nd portion of fees

Parent or Guardian shall complete and submit the Payment Plan Agreement below. [Pg 2&3]

Payment Schedule

В	OYS:		GIRLS	:		Regional	American	Elite
	13U-18U E	Elite	10U	11U	12U	13-18R	13-18A	13-18A
Upon Acceptance	\$100 \$	100	\$100	\$100	\$100	\$100	\$100	\$100
Due Date	e: 10/1/2	24	1	1/1/24			11/16/24	
1st Payment:	\$360	\$710	\$260	\$310	\$360	\$435	\$460	\$720
Due Date	: 12/1/2	24		1/5/24			1/5/24	
Final Payment	\$360	\$710	\$260	\$310	\$360	\$435	\$460	\$720
Due Date:	1/12/2	5	4	2/8/24			2/8/24	
Boys	s: 13-18U/	E Girls	s: 10U	11U	12U	13-18R's	13-18/	<u> l's 13-18E's</u>
IF PAYMENT IN FU	LL IS NOT	RECI	EIVED	BY JAI	NUARY	12TH, 202	5 FOR TH	IE BOYS AND

Any issues or concerns regarding the Payment Plan and Automatic Payments, Contact:

FEBRUARY 23rd, 2025 FOR THE GIRLS, ATHLETES PLAY TIME WILL BE AFFECTED.

::: Massillon Recreation Center: 330-832-1621:::

Sports Supervisor: Chris Smith X123 ::: sports@MassillonParks.com Tiana Spencer X130 :: Tiana.Spencer@MassillonParks.com



Club Extreme Volleyball 2024-2025 Club Fees-Payment Plan Agreement

Parent / Legal Guardian's Name

Athlete Name

I,the parent/legal guardian <u>'stated above'</u> of <u>'Athlete'</u> stated above agrees to the above payment option for the Club Extreme Volleyball club fees for the 2024-2025. The amount owed for the 2024-2025 USAV-JO volleyball season:

\$820.00 / \$1520 <Please Circle> \$620 / \$720 / \$820 / \$920 / \$1020 / \$1520
Boys 13-18U / Elite :: Girls 10U / 11U / 12U / 13-18U Regional /American / Elite

Team:	Team Classification:	Coach:
Name of Financial Institution:	Address	of Financial Institution:
Name – Please Print:	Signature	e <i>:</i>
Address – Please Print:		
Phone Number:		Cell Phone:

I understand the following:

I understand that I am in full control of Automatic Payments.

I also understand that these changes will be deducted on each due date. This authority will remain in effect until I notify the City of Massillon Parks and Recreation Department, in writing, to discontinue my enrollment in the Automatic Payment Plan.

I further understand, if, for any reason, an automatic transaction does not clear the bank [i.e. insufficient funds, closed account, etc.] then I will be assessed a \$40.00 NSF fee as per City Ordinance.

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inancial Institution Routing Number [D	BA Number]:	
Checking Account Number:		
Savings Account Number:		
Credit Card Account Number:		

Parent (s) / Legal Guardian Signature:

IMPORTANT: A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED BELOW:





:: Massillon Recreation Center : 505 Erie Street N : Massillon, Ohio 44646 : 330-832-1621 :: www. cevohio.org