

**Ames Soccer Club  
Payment Plan Application**

Applications are for the current season only. All applications will be held in strict confidentiality. To be considered for a payment plan you must complete this form. If you requesting a payment plan for more than one child please list the name and age group of each child.

Application for (circle) event(s): Fall, Winter, Spring, Camp\_\_\_\_\_

**Applicant Information:**

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age Group: \_\_\_\_\_  
 Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Address/City/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Fee Due Breakdown**

Player Name	Fee Due
	\$
	\$
<b>Total Fee Due</b>	\$

**Payment Plan:**

ASC will accept payment in 2-3 installments. A good faith payment must be made upon registration and all fees must be paid within 45 days of the first practice held. Provide a payment plan that will work with your family finances.

Installment 1 \$ \_\_\_\_\_ Date to be paid: \_\_\_\_\_  
 Installment 2 \$ \_\_\_\_\_ Date to be paid: \_\_\_\_\_  
 Installment 3 \$ \_\_\_\_\_ Date to be paid: \_\_\_\_\_

**Certification:**

I certify that the above information is true as stated. I understand that payments are due as stated and that payments returned for non-sufficient funds will results in a \$25.00 additional charge.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Application and supporting documents to:**

Treasurer, ASC  
 PO Box 423  
 Ames, Iowa 50010