

2006-2007 BHA Payment Plan Options

Player Name: _____ Team: _____

A: Full Payment \$ _____ (no fee)

B: 2 payments

Sept	\$ <u>200.00</u>	
Nov	\$ _____	
Jan	\$ _____	
Fee	\$ 10.00	TOTAL: _____

C: 3 payments

Sept	\$ <u>200.00</u>	
Nov	\$ _____	
Dec	\$ _____	
Jan	\$ _____	
Fee	\$ 15.00	TOTAL: _____

D: 4 payments

Sept	\$ <u>200.00</u>	
Oct	\$ _____	
Nov	\$ _____	
Dec	\$ _____	
Jan	\$ _____	
Fee	\$ 20.00	TOTAL: _____

E: 5 payments

Sept	\$ <u>200.00</u>	
Oct	\$ _____	
Nov	\$ _____	
Dec	\$ _____	
Jan	\$ _____	
Feb	\$ _____	
Fee	\$ 25.00	TOTAL: _____

Scholarship information available on request.

I agree to pay according to the plan circled above and I expect to receive a statement dated the 1st of the month, due by MAIL the 15th of the same month. I understand that if my payment is ten or more days late, I will be assessed an additional fee of \$25.00. I further understand that if I fail to make one or more payments, my child will not be allowed to skate with the BHA until payment is made.

Signature _____ Date: _____

Please mail statements to: _____

