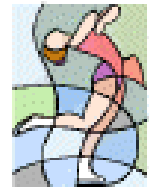




# 2017-18 PAYMENT PLAN AGREEMENT Fall Session



Responsible Party Information			
Responsible Party Name:	Phone:	hm)	
Address:	Phone	(wk)	
City:	State:	Zip:	E-mail:
Skater Information			
Skater:	USFSA#:		
Skater:	USFSA#:		
Skater:	USFSA#:		

This optional agreement is available to MFSC Club members only. Club members are eligible if their total fees equal \$250 or more.

Payment Plan Schedule		
Today's Date:	Total Amount Due from Spring Club Ice Form:	
#1 Payment #1 = 1/3 of Total above – Ck cashed at Registration	Pmt #1 Amt Due	
#2 Payment #2 = 1/3 of Total above – Ck cashed on Oct 1, 2017	Pmt #2 Amt Due	
#3 Payment #3 = 1/3 of Total above – Ck cashed on Nov 1, 2017	Pmt #3 Amt Due	

**Payment #1 requires a check dated today.**

**Payments #2 and #3 require post-dated checks for Oct 1, 2017 and Nov 1, 2017 included with this form.**

NOTE: Checks will be automatically deposited on these dates.

**All Payment Plans must be approved by the MFSC Treasurer or Accountant.**

By signing below, I agree to have the appropriate funds available on the dates indicated above per the agreed upon Payment Plan Schedule.

**Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_**

**MFSC Treasurer/Accountant Signature \_\_\_\_\_**

For Office Use Only:					
Date: _____	Amt. Paid: _____	Ck#: _____	Initials: _____	Deposited: _____	
Date: _____	Amt. Paid: _____	Ck#: _____	Initials: _____	Deposited: _____	
Date: _____	Amt. Paid: _____	Ck#: _____	Initials: _____	Deposited: _____	