



2010/2011 Monthly Contract—SANDHILLS

Child's Name: _____ Child's Birth Date: _____ Child's Grade: _____

Daytime Phone: _____ Evening Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Email: _____

Date of Contract: _____ Your contract begins on _____ and ends on _____.

Monthly Payment Schedule for Plex Afterschool Sports Academy: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> August 19 (\$85) | <input type="checkbox"/> January 7 (\$210) |
| <input type="checkbox"/> September 3 (\$215) | <input type="checkbox"/> February 4 (\$230) |
| <input type="checkbox"/> October 1 (\$300) | <input type="checkbox"/> March 4 (\$230) |
| <input type="checkbox"/> November 5 (\$190) | <input type="checkbox"/> April 1 (\$230) |
| <input type="checkbox"/> December 3 (\$165) | <input type="checkbox"/> May 6 (\$270) <i>*includes 1 week of June</i> |

Your first payment will be due on the day of Registration for PASS 2010-11 School year. Under no circumstance are we responsible for any bank charges incurred by you as a result of this agreed upon drafted monthly payment. As well under no circumstances do we refund or prorate for missed days unless proper notification prior to the days missed.

AUTOMATIC PAYMENT AUTHORIZATION

I, _____, authorize Plex Indoor Sports, LLC (Plex) to debit my payment by the method indicated below and post it to my account as payment for my PASS Monthly Fees. I understand that a \$30.00 charge will be assessed for all returned items. 30 day notice required to end this financial arrangement. This form of payment, if discontinued, does not release me from your payment obligation or contract agreement.

Dates to Draft from Credit Card: Corresponding to the days listed above (dates and amount debited will depend upon the corresponding months chosen)

Credit Card Number: _____ Expiration Date: _____ Security code _____

Account Holder's Signature: _____ Date: _____

