



## Extended Payment Plan (EPP) Application 2019-20 Season - **TPA** Competitive Programs

Player Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Player's Birth date: \_\_/\_\_/\_\_ Gender: \_\_\_M \_\_\_F  
 Community/Team Age Group: \_\_\_\_\_ Coach's name: \_\_\_\_\_ Team Manager: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Street: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail address \_\_\_\_\_

It is the mission of the Chargers Soccer Club to not turn away any player due to a family's inability to pay at the prescribed payment dates. The Chargers Soccer Club is willing to consider extended payment plans so that all registration fees are **paid by February, 2020**. Please remember turning in an application does not guarantee approval of an extended payment plan. Status of your Extended Payment Plan Application will be determined and communicated ASAP.

**Please state your reason for needing an Extended Payment Plan:**

\_\_\_\_\_

**Please complete the information below:**

Total Club Registration Fee for your child: \$ \_\_\_\_\_ (U7-U8 \$700, U9/10 \$996, U11/12 \$1,262 or U13-U19 \$1,450)  
 Plus EPP Convenience Fee +\$ \_\_\_\_\_ (U7-U8 \$35, U9/10 \$45, U11/12 \$50 or U13-U19 \$60)  
 Plus Initial Team Fee +\$ \_\_\_\_\_ (U7-U10 \$50, U11-U19 \$100)  
 Minus any payment already made - \$ \_\_\_\_\_  
**Balance of Fees Owed \$ \_\_\_\_\_** Divide this balance evenly across the # of months below you wish to spread it.

**Please list the payment plan you would like to propose listing specific amounts at specific intervals. Feel free to use just a few extra months or more to spread out your payments to better fit your financial situation.**

May 1 \$ \_\_\_\_\_  
 June 1 \$ \_\_\_\_\_  
 July 1 \$ \_\_\_\_\_  
 August 1 \$ \_\_\_\_\_  
 September 1 \$ \_\_\_\_\_  
 October 1 \$ \_\_\_\_\_  
 November 1 \$ \_\_\_\_\_  
 December 1 \$ \_\_\_\_\_  
 January 1 \$ \_\_\_\_\_  
 February 1 \$ \_\_\_\_\_

**OVERALL TOTAL** \_\_\_\_\_ **\$ \_\_\_\_\_** (\* Please Note: The Overall Total should be the tally of the Balance of Fees Owed from above )

By signing this application I confirm that all statements in this application are true to the best of my knowledge. I understand that if my child is granted an Extended Payment Plan (EPP) I will be responsible for meeting each scheduled payment date and if those payments are not made timely, my child will not be eligible to play until payments are brought current. I am also responsible for purchasing the uniform kit and paying all team fees. I will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. **To submit your completed form**, email to [Support@ChargersSoccer.com](mailto:Support@ChargersSoccer.com) **OR** mail to Kathleen Shelton, Chargers SC, P.O. Box 47026, Tampa, FL 33646.

(Signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL BY THE CHARGERS SOCCER CLUB.**