



# Extended Payment Plan Application - **TPA Rec** 2019-2020 Season

Player Name: \_\_\_\_\_  
 Player's Birth date: \_\_/\_\_/\_\_ Gender: \_\_\_M \_\_\_F

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

Parent/Guardian: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 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 January 31, 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:**

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**Please complete the information below:**

Total Club Registration Fee for your child: \$ \_\_\_\_\_  
 Minus any payment already made \$ \_\_\_\_\_  
**Total Fees Owed \$ \_\_\_\_\_**

**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. Note: a \$2 convenience fee will be added to each payment in this proposed plan.**

August 1	\$ _____	+ \$2 =	\$ _____
September 1	\$ _____	+ \$2 =	\$ _____
October 1	\$ _____	+ \$2 =	\$ _____
November 1	\$ _____	+ \$2 =	\$ _____
December 1	\$ _____	+ \$2 =	\$ _____
January 1	\$ _____	+ \$2 =	\$ _____
<b>Total</b>		<b>\$ _____</b>	<b>\$ _____</b>

**OVERALL TOTAL** \$ \_\_\_\_\_ *(Please Note: The Overall Total should be the tally of the Total Fees Owed from above plus \$2 for each payment listed)*

**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 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.**

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

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

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

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