

TIER I – Request for extended payment plan worksheet

\*All families qualify for extended payment plan. Worksheet must be filled out completely and returned to Albany Power Lacrosse Club at practice or in the mail. If you have more than one child in the program the form only needs to be filled out once, form should include all info for all children.

Player Last Name \_\_\_\_\_ Player First Name \_\_\_\_\_

Parent Last Name \_\_\_\_\_ Parent First Name \_\_\_\_\_

Parent Last Name \_\_\_\_\_ Parent First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Total Cost (amount owed) \_\_\_\_\_

\*Boys Program: \$1,330

Payment #	Amount	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
----->		TOTAL



Please fill out the above chart with the amounts and dates that we can expect payment. The final date must be before 3/01/2020.

I understand that I am responsible for the total cost, listed above. I will make every effort to make my payments on-time. I understand that if any amount is still owed after 3/01/2020 I will be responsible for any costs associated with the collections process.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_