



UNITY Football Club

Payment Policy Agreement

PLAYER NAME: _____

RESPONSIBLE PARENT/GUARDIAN NAME: _____

PAYMENT AMOUNT: \$_____ FULL (\$2,000.00) or QUARTERLY (\$500.00)

I hereby agree to this payment agreement schedule for charges incurred as a member of UNITY Football Club until my player(s) club dues balance of \$2,000.00 is paid in full. My failure to make payments without notification to the Club and its Director may result in further collection action.

UNITY Football Club will have full discretion for unpaid club dues and will take necessary action to collect any unpaid balances.

By signing below and, therefore, agreeing to this payment policy, you are making a commitment to the Club for the upcoming youth soccer season. Further, if a player should leave UNITY Football Club at any point, he/she is still expected to honor their commitment by paying their club dues in full. Exceptions to this policy will be made on an individual basis, between the Club's Director and player/family.

Player or Parent/Guardian Signature: _____

Date of Signature: _____