

2020-2021 Individual Expense Agreement

Bainbridge Island Gymnastics club

BOYS TEAM

Gymnast Name: _____ Level: _____

Address: _____

Phone: _____ email: _____

Select Competition Plan

In-House and Virtual

In-House and In Person

Base trimester payment without uniform \$ _____

Base trimester payment with uniform \$ _____

Total Trimester Payment \$ _____

Total Yearly Payment \$ _____

I/We _____ agree to pay the above trimester payment in
parent/ guardian
three equal installments of \$ _____ for my son _____

gymnast's name

totaling the amount above for the 2020-2021 competitive year unless otherwise noted below under pay options. I understand that if I/we fail to pay the trimester payment on time, my son will not be able to participate in any competition or extra team activities. In addition, a late fee of 5% per month of the past due amount will be assessed after 30 days. Due to the rules of being a 501c4 organization, I understand that if we withdraw from the team for any reason there will be no refunds issued.

The payment schedule is as follows:

Select Pay Option

1) 3 equal installments

2) 2 installments

3) 1 installment

4) Other: approved by
department manager only

Installment Schedule for Option 1

1st Installment October 15, 2020

2nd Installment December 15, 2020

3rd Installment February 15, 2021

Other: _____

Parent signature

Date

*If you need to make other payment arrangements, please set up a time to meet with Bryan Garoutte.

Please make a copy for your records