

2020-2021 Individual Expense Agreement Bainbridge Island Gymnastics Club GIRLS TEAM

Gymnast Name: _____ Level: _____
 Address: _____

Phone: _____ email: _____

Select Competition Plan	
<input type="checkbox"/> In-House and Virtual	<input type="checkbox"/> In-House and In-Person

- Base trimester payment no add-ons \$ _____
 - Base trimester payment w/ uniform \$ _____
 - Base trimester payment w/ choreography \$ _____
 - Base trimester payment w/ uniform & choreography \$ _____
- Total yearly payment \$ _____**

I/We _____ agree to pay the above trimester payment in
 parent/ guardian
 three equal installments of \$ _____ for my daughter _____
 gymnast's name

totaling \$ _____ 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 daughter 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 that there will be no refunds.

Select Pay Option
<input type="checkbox"/> 1) 3 equal installments of \$ _____ <input type="checkbox"/> 2) 2 installments of \$ _____ <input type="checkbox"/> 3) 1 installment of \$ _____ <input type="checkbox"/> 4) Other: approved by department manager only

The payment schedule is as follows: 1st Installment October 15, 2020 2nd Installment December 15, 2020 3rd Installment February 15, 2021 Other: _____
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_____ Date

Parent signature

*If you need to make other payment arrangements, please set up a time to meet with Jason Balangué.
Please make a copy for your records