



Long Course Participation and Payment Agreement - Due April 25

Swimmer Name: _____ Group: _____
 Swimmer Name: _____ Group: _____
 Swimmer Name: _____ Group: _____
 Swimmer Name: _____ Group: _____

- ☐ Yes, Participating in April - August Full Long Course Season and payment information is below.
☐ Yes, Season 1 Only Pre-Summer (April 10 – June 7) payment information and full seasonal amount below.
☐ Yes, Season 2 Only June/July Season (June 9 – August 1) payment information and full seasonal amount below.
☐ Opt Out – Our swimmer(s) withdraw from swim team for the summer long course season. Our final entry fees will be paid. No payment of registration fees are due at this time.

Long Course Swim Team Registration Fee Schedule

- | | | |
|--|--|---|
| <input type="checkbox"/> Senior \$445.00 | <input type="checkbox"/> Bronze \$390.00 | <input type="checkbox"/> Red, Black \$330.00 |
| <input type="checkbox"/> Gold \$445.00 | <input type="checkbox"/> Silver \$420.00 | <input type="checkbox"/> Season 1 or 2 \$185.00 |
| <input type="checkbox"/> Gold Swing \$420.00 | | |

Method Of Payment:

- ☐ Check Enclosed Payable to Riviera Club in the full amount of \$ _____ ☐
☐ Credit Card on file with Riviera Club
☐ Riviera Club House Account (onetime payment for total registration fee)
☐ Monthly Electronic Draft Arrangements-with Credit Card / House Account on File

I authorize the Riviera Club to draft on the 15th day of each month, the monthly amount for swim team registration fees electronically from the above account and payable to the Riviera Club or their agent. This authorization will remain in effect until written cancellation is received and the balance due for swim team registration is payable in full at that time.

Total Amount of Registration Fees \$ _____ / 5 equal monthly draft amount of \$ _____ _____ Initials
 _____ April _____ May _____ June _____ July _____ August

I also agree that if any event occurs that prevents these transfers to occur the full amount of the outstanding balance may be immediately due. I also agree to pay any costs incurred by the Riviera Club or its agents in the collection of this balance.

Signature _____ Date _____

Printed Name _____ Phone _____

Email _____