

Signature

Swim Team Meet Payment Agreement Hampshire Regional YMCA 286 Prospect Street, Northampton MA 01060 413-584-7086

Name		
Parent/Guardian name		
Address		
Phone	Email	
Team Level	Date	
	ue the 7 days prior to the registered meet. The amount for each meet is determined s the athlete registers for, along with all other meet fees. Payment not received bee.	
Please select your payment n	ethod below	
payment will be processed 7 day payment is processed. Pleas	nod – payments will be processed using the payment on file information provided below. The sprior to the scheduled meet date. The swim coach will send an email receipt whe attach a voided check or enter your credit card number below when submitting this fawill incur a \$10 fee, this is in addition to any fee the bank may charge you directly.	n the orm.
Name on Card		
	Expiration	
Bank Account -	- attach Void Check	
fee. Swimmers will not be allo	s must be made 7 days prior to the scheduled meet. Late payments will incur a \$10 wed to compete in any meet that has not been paid for prior to the meet. The Swim the amount due for each meet.	
above payment plan and under to charge my credit/debit card I cancel such authority. I under the meet that my child will not	e any changes to your bank or credit information above. I acknowledge receipt of the stand and agree to the terms states herein. If selected, I authorize Hampshire Regional or draft from my bank account the fees stated above. The Authorization remains in effect stand that if my payment is not received by Hampshire Regional YMCA before 7 days be allowed to participate in the meet until all fees are paid. I understand that refunds the formeets if the child or family decides to scratch or is not in attendance.	YMCA ect until prior to
		

Date