



## Extended Payment Agreement

Name of Participant \_\_\_\_\_ Team \_\_\_\_\_  
(Last name, First name)

Total Amount Owed \$ \_\_\_\_\_

Payments are due by the 1<sup>st</sup> of each month and are divided into:

### Full Season

\_\_\_\_\_ 10 equal payments of \$ \_\_\_\_\_. August 2010 through May 2011

### Fall Season Only

\_\_\_\_\_ 5 equal payments of \$ \_\_\_\_\_. August 2010 through December 2010

### Spring Season

\_\_\_\_\_ 4 equal payments of \$ \_\_\_\_\_. February 2011 through May 2011

Payment can be made on line at the ECU website [emeraldcoastunited.org](http://emeraldcoastunited.org) using a credit card, or can be mailed to: **P.O. Box 832, Niceville, FL 32588**

**Payment will not be accepted on the field.**

By signing this form I understand that I am agreeing to pay the above amount to Emerald Coast United Soccer Club, and that my payments are due on the 1<sup>st</sup> of every month. I also understand failure to pay installments in a timely manner will result in the above named participant's player card being pulled and the participant will not be allowed to practice or participate in any games until the account has been restored to good standing.

\_\_\_\_\_  
(Parent Signature) Date \_\_\_\_\_

\_\_\_\_\_  
(Print Name)