



## 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 2011 through May 2012

### Fall Season Only

\_\_\_\_\_ 5 equal payments of \$ \_\_\_\_\_. August 2011 through December 2011

### Spring Season

\_\_\_\_\_ 4 equal payments of \$ \_\_\_\_\_. February 2012 through May 2012

Payment can be made on line at <http://fcdallas-ec.com> 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 FC Dallas Emerald Coast, 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)