



XENIA YOUTH WRESTLING PAYMENT PLAN AGREEMENT

Wrestler(s) Name: _____

Today's Date: ____/____/____

Address: _____

Telephone #: _____

Email: _____

Total Amount Due: _____

Fee Schedule: 1 @ \$150; 2 @ \$120; 3+ @ \$100

This amount is to cover the participation in MVKWA wrestling (insurance, USAW card and weight card), singlet rental, shirt and pants for my child(ren).

I, the undersigned parent/guardian, agree to make payments on the specified dates and the agreed upon amounts stated on the payment schedule listed below.

I understand that consequences will be brought against me if the agreement is violated. This includes, but is not limited to, my child/children's suspended participation in Xenia Youth Wrestling.

I understand that payment is limited to five payments and that at least a \$50 deposit is due at registration. Completed payment will be due before 12/31/2017. I will be emailed statements weekly.

Date of Payment	Amount of Payment	Balance Remaining
		\$

I agree that the above schedule of payments is an acceptable resolution and I will remain current with this payment plan.

Parent/Guardian Signature

Date

Xenia Youth Wrestling Signature

Date