

WRESTLING FEES SUMMARY FORM 2016 - 2017 SEASON



FAMILY LAST NAME: _____

EQUIPMENT DEPOSIT INFORMATION:

Please provide a check, posted-dated March 15, 2017. All equipment must be returned, in the condition it was received, by March 15, 2017 or check will be cashed. Parent/Guardian will be responsible for paying replacement costs for any equipment lost or damaged. Replacement cost for the singlet is \$100.00.

Wrestling Equipment Deposit _____ X \$100.00 = \$ _____ Ck# _____

FUNDRAISING INFORMATION:

There will be a mandatory fundraiser this season and information will be provided at a later time. Please initial below to acknowledge that you understand the additional fees due for Fundraising, and your commitment to volunteer to assist in working one of our tournaments. Initials: _____

REFUND INFORMATION:

All refund requests must be submitted directly to Joe Tholl no later than Thursday, December 1, 2016. NO EXCEPTIONS. Refunds will only be issued for Wrestling Registration Fees only. Refunds will not be issued for fundraiser, equipment or merchandise purchases. The Orland Park Pioneers Wrestling Club reserves the right to grant or deny refund requests on a case-by-case basis. Please allow four to six weeks from the date we receive your request for the refund check to arrive. Thank you.

RESIDENCY INFORMATION:

Please provide your Village of Orland Park Water Bill Account Number as proof of residency.

Village of Orland Park Water Bill Account # (6 digits): _____

TOURNAMENT FEES INFORMATION:

All Tournament fees for this season will be \$20.00 per week. Fees will be collected on the Thursday before the scheduled tournament.

WRESTLING FEES - RESIDENT & NON-RESIDENT:

Oldest Child (Full Price):	<input type="checkbox"/> Resident - \$250.00	<input type="checkbox"/> Non-Resident - \$325.00	= \$ _____
Second Child (\$10 Discount):	<input type="checkbox"/> Resident - \$240.00	<input type="checkbox"/> Non-Resident - \$315.00	= \$ _____
Third Child (\$20 Discount):	<input type="checkbox"/> Resident - \$230.00	<input type="checkbox"/> Non-Resident - \$305.00	= \$ _____
Fourth Child (\$30 Discount):	<input type="checkbox"/> Resident - \$220.00	<input type="checkbox"/> Non-Resident - \$295.00	= \$ _____

GRAND TOTAL: = \$ _____

FOR OFFICE USE ONLY

WRESTLING FEES PAYMENT INFO:

Total Amount: _____ Date Paid: _____ Payment Type: _____ Initials: _____