

WRESTLING FEES SUMMARY FORM 2018 - 2019 SEASON



FAMILY LAST NAME: _____

EQUIPMENT DEPOSIT INFORMATION:

Please provide a check, posted-dated March 15, 2019. All equipment must be returned, in the condition it was received, by March 15, 2019 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# _____

REFUND INFORMATION:

All refund requests must be submitted directly to Joe Tholl no later than Thursday, December 1, 2018.

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 \$25.00 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:			=	\$ _____

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WRESTLING FEES PAYMENT INFO:

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