

# FINANCIAL AGREEMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CHILDS NAME:

COACHES NAME:

FEE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## CHOOSE AN OPTION:

\_\_\_\_ A. I agree to pay BCRL \$ \_\_\_\_\_ by \_\_\_\_\_ (date) to fulfill my obligation to the BCRL for my child(ren)'s \_\_\_\_\_ (sport fees) for the 20\_\_\_\_ season.

\_\_\_\_ B. I am unable to pay the full amount of \$ \_\_\_\_\_ at this time, but agree to pay \$ \_\_\_\_\_ per week until my obligation to BCRL for my child(ren)'s \_\_\_\_\_ (sport fees) for the 20\_\_\_\_ season is fulfilled.

\_\_\_\_ C. I am financially unable to pay my child(ren)'s sport fees. I wish to apply to the BCRL for a waiver of fees in the amount of \$ \_\_\_\_\_ which I will work off by helping the BCRL at a rate of \$ \_\_\_\_\_ an hour until my financial obligation is met for the 20\_\_\_\_ season.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
RELATIONSHIP TO CHILD(REN)

\*\*\*\*\*  
CHILD(REN) IS/ARE INELEGIBLE TO PARTICIPATE IN LEAGUE GAMES UNTIL FEES ARE PAID  
IN FULL OR AGREEMENT ON FILE WITH THE BCRL.

\*\*\*\*\*  
BCRL USE ONLY

DATE:

PAYMENT:

RECEIVED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_