

PLAYER FEE PAYMENT SCHEDULE
UHO KICKBALL PROGRAM

Player Name: _____ Division: _____

Player Name: _____ Division: _____

Player Name: _____ Division: _____

Parent Name: _____ Home Phone: _____

Total Player Fees Due: _____

Total Amount Paid: _____

Balance Due: _____

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I understand that I **must** pay one-third (1/3) of the Registration Fee **BEFORE** my child may tryout or be officially assigned to a team. This amount is **NON-REFUNDABLE**. I also understand that the final payment **must be made before Opening Day**.

- I will pay the remainder of the balance due by mail. I will send cash or a money order to UHO on _____ (please enter date)
- I will come back to the UHO clubhouse and pay the following amounts on the following date(s):

Amount \$ _____ Date: _____

Amount \$ _____ Date: _____

Amount \$ _____ Date: _____

Amount \$ _____ Date: _____

Amount \$ _____ Date: _____

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By signing this form, I am agreeing to pay the amount(s) on the dates shown above. I realize that if the player fee is not paid in full, my child may not receive a uniform, individual award, pictures, and/or be allowed to participate next year in the UHO Kickball Program.

Parent/Guardian Signature

Date

Board Member Initials