

CCJFA PAYMENT REGISTRATION PAYMENT PLAN AGREEMENT

By signing this agreement you agree to the following terms:

In order to enroll in a payment plan participants guardian must pay the required down payment according to the month they sign up. After that the guardian must make the required monthly payment or the participant will lose their spot in the program and the refund policy will go into affect minus any losses due to failure of payment. All Accounts must be paid in full by July 1st.

Football

February: ~~\$100~~down and 4 payments of ~~\$50~~
March: \$ ~~150~~down and 3 payment of \$~~50~~
April: \$~~200~~down and 2 payment of \$~~50~~
May: \$~~250~~down and 1 payment of \$~~50~~
June-August: \$300 if full

Cheer

February: \$100 down and 4 payments of \$69
March: \$169 down and 3 payment of \$69
April: \$238 down and 2 payment of \$69
May: \$307 down and 1 payment of \$69
June-August: \$375 if full

I _____ have read, understand and fully agree to both the payment agreement and the refund policy. I also understand the failure to meet agreed upon standards my participant will be removed and placed at the end of the waiting list.

Signature: _____

Participant Last Name: _____ First Name: _____ Age: _____ DOB: _____

Names of Siblings at CCJFA: _____

Guardians Name: _____ Contact Phone Number: _____

Email Address: _____ Date: _____

Alternate Email Address: _____

OFFICE USE ONLY

____ Football \$300 ____ Non-Competitive Cheer \$75 ____ Competitive Cheer \$375

Discount Code _____		Total Due _____							
Date	Amount Paid	Cash	Check	Charge		Balance Due	Receipt #	Date Entered	Initials

Age: _____

DOB: _____



Cape Coral Junior Football Association

Refund Policy

January 1st to May 31st - All Monies are subject to refund
minus the Non-Refundable \$50.00 deposit

June 1st to July 31st - 50% of monies paid are subject to refund
minus the \$50.00 Non-Refundable deposit

August 1st and beyond - NO REFUNDS WILL BE ISSUED- This include if there are cancellations due to natural disasters such as hurricanes, COVID-19, or anything that is beyond the leagues control.

All Returned Checks will be assessed a **\$30.00 NSF service fee**.
A drop form will be need to be completed and turned in during the dates above to qualify for a refund.

I understand that if (Child's Name) _____ decides not to play, or they quit, or for any reason do not participate in football and/or cheerleading after registration, I **WILL NOT** be eligible for a any refund after July 31st.

I UNDERSTAND THAT THERE WILL BE NO EXCEPTIONS.

Parent or Legal Guardian name: _____

Parent or Legal Guardian signature: _____

Date _____

**Registration is not complete until payments are made to cashier and
payment form is collected.**