



Grand Rapids Crew Juniors SELECT Auto Charge Authorization

(One form to be used for each player)

Player's Name	
Parent/s' Name	
Select Team	
Parents' E-Mail Addresses	

	Amount	1 st	2 nd	3 rd
Age Group	Due	Payment	Payment	Payment
U8 (all year)	\$665	Regis - \$230	Aug 1 - \$228	Sep 1 - \$227
U09-10 (all year)	\$665	Regis - \$230	Aug 1 - \$228	Sep 1 - \$227
U11-14 (all year)	\$665	Regis - \$230	Aug 1 - \$228	Sep 1 - \$227
U15-19 Girls (1/2 year)	\$565	Regis - \$230	Aug 1 - \$188	Sep 1 - \$167
U15-19 Boys (1/2 year)	\$565	Regis - \$230	Feb 1 - \$188	Mar 1 - \$167

Yes, I would like to contribute to GRCJ's Scholarship Fund as a way to give those who cannot afford to pay their fees an opportunity to play soccer. I will give: \$25.00 _____ \$50.00 _____ \$75.00 _____ \$100.00 _____ Other _____. *(Contributions tax deductible.)*

Payment Options (check which option you prefer – mail in checks or have your credit card charged. The credit card section **MUST** be filled in, either way, because if your check is late, we reserve the right to charge your credit card). **NOTE-** payment plan costs \$20 more.

I will pay by check. Checks should be made payable to **Grand Rapids Crew Juniors**

Mail To:	Note:
Grand Rapids Crew Juniors 5449 28th Street Ct SE Grand Rapids, MI 49546-6772	If check is more than one week late, your credit card will automatically be charged.

I will pay by credit card (Mastercard or VISA only).

Credit Card Number	
Name on Card	
Your Address (where your credit card bill gets sent)	
Expiration Date (mm/yyyy)	

I have read the Grand Rapids Crew Juniors Fee Refund Policy and agree to its terms.

I hereby authorize Grand Rapids Crew Juniors, to charge my credit card on the dates above and for the amounts stated above. If "Payment by Check" is marked, I realize that Grand Rapids Crew Juniors will charge my credit card as outlined if payment is not made within 7 days of the specified dates in the payment plan. I understand that if credit card information changes I must contact the club treasurer and provide new financial data as soon as possible.

Signature: _____

Date: _____

Failure to meet payment plan payments will affect player's ability to play in games and to participate on future teams.