

LFSC PAYMENT PLAN AGREEMENT 08/27/2009

Full payment for Membership and related fees OR this signed agreement must be made prior to participating in Lake Forest Swim Club practices.

Family Name _____

Mailing Address _____

City _____

Zip Code _____

Responsible Party _____

Participants _____

Home Phone _____

Swimmer 1 _____

Office Phone _____

Swimmer 2 _____


Mobile Phone _____


Swimmer 3 _____


e-Mail _____


Swimmer 4 _____

PLEASE BE SURE TO COMPLETE ALL INFORMATION ABOVE!

 I agree to pay the Lake Forest Swim Club all payments detailed in this payment agreement by the established deadline(s).

 I understand and agree that failure to pay all charges **by agreed upon due dates** will leave my account subject to possible financial penalties, including collection and legal fees.

 I understand and agree that any payments made to LFSC will be credited first to any delinquent charges.

 I understand and agree that withdrawal from the Lake Forest Swim Club does not release me from this payment plan obligation, any financial penalties or other collection costs.

PAYMENT PLAN OPTIONS

I authorize the Lake Forest Swim Club to charge my credit/debit card as follows:

\$ _____

← Enter total fees owed

← Payment #1, 40% of Total Fees owed (due April 5/September 5)

← Payment #2, 20% of Total Fees owed (due May 5/October 5)

← Payment #3, 20% of Total Fees owed (due June 5/November 5)

← Payment #4, 20% of Total Fees owed (due July 5/December 5)

LFSC accepts VISA, Master Card, Discover, American Express and Diner's Club as payment for all LFSC fees and charges.

Office Use

1

2

3

4

Card # _____

Expiration Date _____

Authorized
Signature _____

Today's Date _____

Return this form to: "Lake Forest Swim Club, 555 N Sheridan Rd, Lake Forest, IL 60045