



Marshfield Silver Laces Figure Skating Club

Payment Plan Form ~ 2019/2020 Season

Skater(s) Name: _____

Parent/Guardian Name: _____

Totals:	
Total Owed from Registration Form	

Option 1: Monthly Payment Plan:			
Due Date	Total Owed	Total Paid	Date Rcvd/Initial
October 27			
November 24			
December 22			
January 19			
February 16*			

Option 2: Bi-Weekly Payment Plan:			
Due Date	Total Owed	Total Paid	Date Rcvd/Initial
October 13			
October 27			
November 10			
November 24			
December 8			
December 22			
January 5			
January 19			
February 2			
February 16*			

Option 3: Other as arranged with Board of Director Officer

***All payment obligations must be paid in full by February 16, 2020.**

I agree to make payments on the specified dates and the agreed amounts stated on this payment schedule. I further agree that for my child to participate in competitions, testing and/or the annual ice show, I must be in good standing with the payment arrangements as defined.

Parent/Guardian Signature

Date