



Payment Plan Application

*****DUE BY MAY 15*****

The Gulls recognize the high financial commitments of hockey and the stress that can put on families. The Gulls can offer payment extension to those families with multiple players and/or extenuating circumstances.

Terms of payment plan are as follow:

- 1) Completed application must be scanned/emailed to ADMIN@LIGULLS.ORG no later than MAY 15; the original must be mailed to: Gulls Amateur Hockey Association PO BOX 286 Jericho, NY 11753
- 2) Commitment Fee of 25% must be paid.
- 3) Families must provide financial information as requested by the Gulls Amateur Hockey Organization.
- 4) Team Fees, travel, and equipment fees are not included in tuition assistance. Teams will be participating in sponsorships and fundraisers to help defer these costs.

Player Name / Team (list all Gulls players):

Parent Name(s):

Description of financial situation demonstrating need of payment plan :

Please select the payment plan you are seeking:

Payment Plan #1: 4 Payments- every other month	Payment Plan #2: 6 Payments- once a month
Installment 1: June 1 st Installment 2: August 1st Installment 3: October 1 st Installment 4: December 1st	Installment 1: June 1st Installment 2: July 1st Installment 3: August 1st Installment 4: September 1st Installment 5: October 1st Installment 6: November 1st

Under penalty of perjury, I declare the foregoing is true and correct. By submitting this application, I recognize that the determination to award payment plan assistance is the sole discretion of the Gulls Amateur Hockey Association and that I may be asked to supply documentation, including tax returns.

Signature

Date