



Extended Payment Plan (EPP) Application 2023 - 2024 Season - **TPA** Competitive Programs

Player Name: _____ Date: ____/____/____
 Player's Birth date: __/__/__ Gender: ___M ___F
 Community/Team Age Group: _____ Coach's name: _____ Team Manager: _____
 Parent/Guardian: _____ Home Phone: (____) _____
 Street: _____ Cell Phone: (____) _____
 City, State, Zip: _____ E-mail address _____

It is the mission of the Chargers Soccer Club to not turn away any player due to a family's inability to pay at the prescribed payment dates. The Chargers Soccer Club is willing to consider extended payment plans so that all registration fees are **paid by March, 2024**. Please remember turning in an Application does not guarantee approval of an extended payment plan. Status of your Extended Payment Plan Application will be determined and communicated ASAP.

Please state your reason for needing an Extended Payment Plan:

Please complete the information below:

Total Club Registration Fee for your child: \$ _____ (U7B-U8B/U9G, \$795, U9B-10B/U10G \$1,095, U11-U12 \$1,295 or U13-U19 \$1,39
 Plus EPP Convenience Fee +\$ _____ (U7B-U8B/U9G \$40, U9B-U10B/U10G \$60, U11-U12 \$60 or U13-U19 \$60)
 Minus any payment already made - \$ _____
Balance of Fees Owed \$ _____ Divide this balance evenly across the number of months below you wish to spread it.

Please list the payment plan you would like to propose listing specific amounts at specific intervals on specific dates. Feel free to use just a few extra months or more to spread out your payments to better fit your financial situation so long as payments are made in near equal monthly amounts and the total amount due is paid by March, 2024.

Month 1 \$ _____
 Month 2 \$ _____
 Month 3 \$ _____
 Month 4 \$ _____
 Month 5 \$ _____
 Month 6 \$ _____
 Month 7 \$ _____
 Month 8 \$ _____
 Month 9 \$ _____
 Month 10 \$ _____

OVERALL TOTAL _____ \$ _____ (* Please Note: The Overall Total should be the tally of the Balance of Fees Owed from above)

By signing this Application I confirm that all statements in this Application are true to the best of my knowledge. I understand that if my child is granted an Extended Payment Plan (EPP) I will be responsible for meeting each scheduled payment date and if those payments are not made timely, my child will not be eligible to play until payments are brought current. I am also responsible for purchasing the uniform kit (if needed) and paying all team fees. I will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. To submit your completed form, email to Support@ChargersSoccer.com or Leslie@ChargersSoccer.com OR mail to Leslie Kaylor, Chargers Soccer Club, Post Office Box 7963, Clearwater, FL 33758.

(Signature) _____

(Print Name) _____

Date: ____/____/____

ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL BY THE CHARGERS SOCCER CLUB.