



## Extended Payment Plan (EPP) Application 2023 - 2024 Season - **LWR** Competitive Program

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:**

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**Please complete the information below:**

Total Club Registration Fee for your child:	\$ _____	(U7 \$550, U8 \$775, U9-U10 \$1,165, U11-U12 \$1,235, U13-U19 \$1,335, EA \$1,750)
Plus EPP Convenience Fee	+\$ _____	(U7 \$40, U8 \$40, U9-U10 \$60, U11-U12 \$60, U13-U19 \$60, EA \$70)
Minus any payment already made	- \$ _____	
<b>Balance of Fees Owed</b>		<b>\$ _____</b> Divide this balance evenly across the # 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 a 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](mailto:Support@ChargersSoccer.com) or [Leslie@ChargersSoccer.com](mailto: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.**