



Player's Name (First and Last): _____		
Parent's Name (First and Last): _____		
Visa / MC / Disc / AMEX Name on Card: _____		
Card number: _____		Exp Date: ____ / ____
CVC # (3 or 4 digits): _____	Zip Code: _____	Credit card info MUST be provided if not paying in full by Dec. 16th

Payment Information

Non-Refundable Player Deposit Fee of \$200 is paid at the conclusion of tryouts before a player is placed on a team. By December 16, 2024, the remainder of the Player Fee is due and must be paid in FULL, or by the Installment Plan 50/50%. If paying by the Installment Plan, two equal payments of the remainder are due on Dec. 16, 2024 and January 20, 2025. **In order to choose this option, you MUST completely fill out this form and provide a valid credit card number.** There is a one-time \$10 fee for the payment plan. You may still pay the remainder due by cash or check prior to the due dates, but if payment is not received by the due date, your credit card will be charged. If your card is declined and payment is not received, the player will not be allowed to practice or participate in games until payment is received. ***Online payment is available via Square. Link is on our website**

Charge \$50 Tryout Fee to credit card provided? Yes / No	Deposit? Yes / No
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Option I - Pay In Full <input type="checkbox"/> Check Box for Option I Due Dec. 16, 2024	Option II - Installment Plan 50/50% - (CC and Signature) Required <input type="checkbox"/> Check Box For Option II Due Dec 16, 2024 (50%)	Due January 20, 2025 (50%)
<i>*This section to be filled out by ISO Staff Only</i>		
Date Pd:	Date Pd:	Date Pd:
Payment Method:	Payment Method:	Payment Method:
Amount Pd:	Amount Pd:	Amount Pd:
<i>\$50 Tryout Fee Pd</i>	<i>Date Paid:</i>	<i>Payment Method:</i>
<i>\$200 Deposit Pd</i>	<i>Date Paid:</i>	<i>Payment Method:</i>

I have read this agreement and understand it's contents. I am agreeing to pay Inside Out Volleyball in full for the 2025 club volleyball season regardless of injury or failure to complete the season for any reason. I grant permission for Inside Out Volleyball to bill authorized credit card if I should fail to keep payments current.

Customer Signature
X_____

I understand that if adding or dropping a tournament(s) changes the team schedule, or if additional equipment is added, the amount due could be increased. I hereby agree to pay any difference that is due.

Customer Signature
X_____



