LAKE OSWEGO SC – PROGRAM AGREEMENT FORM

I accept a position on a LAKE OSWEGO SC (LOSC) team and I agree to abide by the terms of this document as set forth. The fee for the 2018/2019 Classic Program with LOSC is: \$1,445.00 plus a \$100 field fee. I agree to pay this fee in either of the following payment options (please check one):			
1.	. Payment in full of \$1,545.00 at the first team mee ffered. LOSC accepts checks (only for full payment) June 1, 2018. (You save \$25 in payment plan fees	eting or once a position , Visa or MC. No cash,	on a team has been
2018, \$. A payment plan consisting of 6 payments starting dditional payments of \$265.00 by June 30, 2018, \$ 265.00 by Sept 30, 2018, and one remaining paym tion fee per payment for the payment plan. Total w	265.00 by July 31, 2018 ent of \$260.00 by Feb 2	3, \$265.00 by Aug 31, 28, 2019. (There is a \$5
3. LOSC does offer scholarships and an additional payment plan for those players that may need it. Scholarship forms are available at the team meeting and on our website: www.losc.org. Note: You must apply each year – scholarships do not automatically apply to next season. LOSC operates as a business and our operation relies on player registration fees. One of the above options (1, 2 or 3) must be selected as a method of payment and must be adhered to. It is the responsibility of the parent to adhere to the agreed upon payment plan. For option 3, complete the Payment Plan Contract or the Scholarship Application. Scholarships will be awarded once all teams have been formed. Failure to comply with the agreed upon payment plan will result in the player becoming ineligible to represent LOSC (the individual player card will be returned to the office and held there until arrangements for payment are made). This is a last resort option but LOSC reserves the right to enforce this position if the need arises. Obviously it is important to the Club that players have the opportunity to play but the Club also has a duty to all members within the Club to operate efficiently. In order for the Club to operate efficiently, the Club must collect Classic fees. By signing this document I acknowledge that I understand and that I agree to abide by the payment plan as selected above.			
	ame of Player:	Team:	
Print Name of Parent:			
E-mail a	address:	_ Phone #	
Signature of Parent: This form MUST be completed and returned to the LAKE OSWEGO SC office by: June 1, 2018 PLAYER CARDS WILL NOT BE RELEASED TO TEAMS UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO THE LAKE OSWEGO SC OFFICE – NO REFUNDS OF FEES PAID - Please mail to: LAKE OSWEGO SC, PO Box 1372, Lake Oswego, OR 97035 - Questions – Cathy losc@losc.org (503)-699-8879 x104 PAYMENTS BY CREDIT CARD			
Cardholders Name (Please print):			
Credit c	card #:	Exp. Date:	_Code:
Billing address, city & zip code:			
Cardholder Signature:			