



Payment Voucher

PLEASE PRINT LEGIBLY

PLAYER NAME: _____
LAST NAME FIRST NAME

MAILING ADDRESS: _____
STREET CITY STATE ZIP

COACH: _____ AGE GROUP: U- _____

CHECK AMOUNT: _____ BOY GIRL

CHECK NUMBER: _____ CHECK DATE: _____

SIBLING'S NAME: _____ SIBLING'S COACH: _____
(IF APPLICABLE) (IF APPLICABLE)

Player Fee Payment Schedule Summary			
Payment Due Dates	U-10, U-11	12,13,14	U-15,16,17,18
1.) July 1st <i>(Nonrefundable)</i>	250.00	300.00	325.00
2.) September 15th	250.00	300.00	-
3.) December 1st	150.00	250.00	325.00
Totals	650.00	850.00	650.00
<i>Discounts : 2nd Child - 25%; 3rd Child - 40%; 4th Child - Free Please modify payment schedule with the sibling discount if applicable.</i>			

**Please print this voucher and mail it with your check to the following address:
 Thank you.**

**Junior Pioneers
 P.O. Box 655
 Ludlow, MA 01056**

Please attach check here.