

Sheboygan County YMCA Springers Registration Form
July 10, 2017-June 22, 2018



SHEBOYGAN COUNTY YMCA
Springers Gymnastics Team

Gymnast Name: _____ Birth date _____ Phone# _____
E-Mail _____ Level _____

ALL Springers must be an ANNUAL Sheboygan County YMCA Member. It is your responsibility to stay current with your membership. There are 2 options for payment. *(Payment in full) or (Bank draft deduction). If you choose the bank draft a \$175 deposit is due at registration and your monthly fee will be automatically deducted from your checking, savings or credit card on the 20th of each month beginning August 20th 2017 and ending June 21st 2018. (The \$175.00 down includes: Girls- Home Meets, Boys- USAG Membership). **There will be NO refunds or stopped bank drafts after the YMCA State Meet.**

Please understand your draft will not change. Credits will be in the form of voucher.

Please choose which practice schedule and fee schedule best fit your needs.

Practice 1 times a week schedule

_____ Payment in Full \$690.00 **Register on line (Session 1718 Program 1G)** (non-refundable \$175 is included)

_____ Bank deduction method Pay \$175.00 down. The \$175.00 is mandatory and NON-REFUNDABLE

and then \$50.00/month = \$725.00

Practice 2 times a week schedule

_____ Payment in Full \$968.00 **Register on line (Session 1718 Program 1G)** (non-refundable \$175 is included)

_____ Bank deduction method Pay \$175.00 down. The \$175.00 is mandatory and NON-REFUNDABLE

and then \$77.00/month = \$1022

Practice 3 times a week schedule

_____ Payment in Full \$1228.00 **Register on line (Session 1718 Program 1G)** (non-refundable \$175 is included)

_____ Bank deduction method Pay \$175.00 down. The \$175.00 is mandatory and NON-REFUNDABLE

and then \$101.00/month=\$1286.00

Practice 4 times a week schedule

_____ Payment in Full \$1478.00 **Register on line (Session 1718 Program 1G)** (non-refundable \$175 is included)

_____ Bank deduction method Pay \$175.00 down. The \$175.00 is mandatory and NON-REFUNDABLE

and then \$127.00/month = \$1,572.00

Bank Deduction Method Information. Please complete all that apply.

***If you choose to have your payments come out of a checking or savings account every month complete this section**

Checking or Savings account Bank Name _____

Routing number _____ Account number _____

Checking Account _____ Savings Account _____

Name on account _____

***If you choose to have your payments get charged on your credit card every month complete this section**

Credit Card Number _____ Expiration Date _____ Security Code _____

Type of Credit Card: MC _____ Visa _____ Discover _____

I give permission for the Sheboygan County YMCA permission to automatically deduct my team fee payment from my checking, savings or credit card account. I have read and understand the payment methods changes and cancellations must be given to the Sheboygan YMCA in writing by the 10th of the month in order for it to take effect for that month.

I understand that the \$150.00 deposit is non-refundable under any circumstances

Signature

Date

For Office Use Only
Staff _____
Receipt # _____
Date _____

