

## **Commitment Letter**

Player's First Name:	Player's Last Name:
Age Division:	Date of Birth:
Parent's Names:	
Email Address:	Phone #:
Level Volleyball Club for the season. Upon signing this for refundable along with any oth the Next Level Volleyball Clucontinue to be paid until there reason then the player will be Club or another club until any	er and parent (or guardian) is stating your child will play club volleyball with Next 2023-2024 season and you will pay all fees associated and agreed on within the n your \$200 deposit is due. Your deposit will go towards your club fees and is non er fees paid during the season, even in the case your child decides not to play for ib. In the event your child is unable to complete the season, payments must is no longer a balance. If the balance is unpaid by the end of the season for any placed on Region Hold and will not be allowed to play with Next Level Volleyball unpaid balances are paid in full. All payments will be set up to be withdrawn each ir choosing. There is a \$30 NSF fee on all returned transactions.
Player's Signature	
Parent's Signature	<u> </u>
Payment Information:	
Date Paid:	Amount Paid:
Payment Type:	□ Cash □ Check □ Credit Card Initials of payee:
Card Holder Number	Expiration Date:
Card Holder Signatur	z·