	EVEL	Commi	<b>tment Letter</b> Boys Only
Player's First Name:		_ Player's Last Name:	
Age Division:		Date of Birth:	
Parent's Names:			
Email Address:		Phone #:	
By signing this form, the player and parent (or guardian) is stating your son will play club volleyball with Next Level Volleyball Club for the current season and you will pay all fees associated and agreed on within the season. Upon signing this form your \$50 deposit is due. Your deposit will go towards your club fees and is non refundable along with any other fees paid during the season, even in the case your child decides not to play for the Next Level Volleyball Club. In the event your child is unable to complete the season, payments must continue to be paid until there is no longer a balance. If the balance is unpaid by the end of the season for any reason then the player will not be allowed to play with Next Level Volleyball Club until any unpaid balances are paid in full. All payments will be set up to be withdrawn on the 15th of each from the account of your choosing. > 14U season fee total is \$500 per player. 15&Up season fee total is \$650 per player.			
Player's Signature			
Parent's Signature			
Payment Information:			
Date Paid:		_ Amount Paid:	
Payment Type:	Cash Check	Credit Card	Payment taken by:
Card Holder Signature:			