**New Payment Form 2019 / 2020:**

**To theTreasurer of the Red Rose Futsal League**

1. **League Details:**

Name of person or organisation you are paying **Red Rose Futsal League**

 60-13-04

Sort Code – ………………………………………………………

 40742628

Account Number – ………………………………………………………

 Team & age

Reference- ………………………………………………………

1. **Payments are for a block of 9 weeks and must be paid in full a minimum of 7 days before the start of each block. (Unless expressed otherwise by the League Committee).**
2. **Games can be booked as a full block, or by single game. A £10 registration fee is also required for all teams per season regardless of the number of games played or blocks played**
3. **Cancellations or withdrawals will incur a fee of£ 15 if no notice of cancellation is provided in writing or by phone. (Unless expressed otherwise by the League Committee).**
4. **Booking:**

We wish to book for 9 weeks ] Single Wk Registration per season

9 weeks £93.50 Single Wk £15 .75 £10

**7. Confirmation:**

**We agree to adhere to the Red Rose Futsal League’s Payment, Refund and Cancellation Policy.**

Club:

Teams taking part:

Club Secretary:

Date: