



NJ PREMIER ALL STARS

2024-2025 PAYMENT PLAN EXTENSION FORM

ATHLETE :

TEAM :

TEAM FEE TOTAL : DATE :

PAYMENT BREAKDOWN

<u>DATE</u>	<u>PAYMENT</u>	<u>BALANCE</u>
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**I acknowledge it is my responsibility to follow the above payment plan extension and agree to all payments on the specified dates above. I understand all of the rules and regulations outlined as well as my financial commitment to NJ PREMIER ALL STARS. If for any reason I can not fulfill my obligation or if my athlete is removed from the program all monies, merchandise, deposits, hotel reservations, etc. will NOT BE REFUNDED. I also give up my rights to any of these items. I also understand failure to uphold to this agreement forfeits my athletes position on their team.*

I agree that the above schedule of payments is an acceptable resolution to get my account paid in full by 3/1/2025, and I will remain current with this payment plan.

PRINT NAME : DATE:

SIGNATURE : DATE: