



# NJ PREMIER ALL STARS

## 2026-2027 PAYMENT PLAN EXTENSION FORM

ATHLETE NAME :

TEAM FEE TOTAL DUE AT THIS TIME:  DATE :

### PAYMENT PLAN BREAKDOWN

DATE	PAYMENT	DATE	PAYMENT

- *I acknowledge that it is my responsibility to adhere to the payment plan outlined above and agree to make all payments on the specified dates as listed in the payment schedule. I fully understand and accept the rules, regulations, and financial obligations associated with participation in NJ Premier All Stars.*
- *I understand that if I am unable to fulfill this financial commitment, or if my athlete is removed, dismissed, or withdraws from the program for any reason, all monies paid—including tuition, team fees, and any additional fees—are non-refundable and non-transferable, and I voluntarily relinquish any rights or claims to these payments or items.*

*I further understand that failure to comply with this payment agreement or financial obligations may result in:*

- *Late fees*
- *Suspension from practice*
- *Removal from routines*
- *Denial of competition participation*
- *Forfeiture of my athlete's position on their team*
- *Account being sent to collections*

*I agree that the above payment schedule is a fair and acceptable arrangement to bring my account current and paid in full by April 1, 2027, and I agree to remain up to date on all future payments under this plan. By signing below, I acknowledge that I have read, understand, and agree to the terms of this Payment Plan Agreement.*

FAMILY LAST NAME

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT / GUARDIAN SIGNATURE