



Central Alberta Queens Volleyball Club 2024-2025

PAYMENT FORM

Player Name: _____

Parent / Guardian name: _____ Day time phone #: _____

Team: _____ Coach: _____

(PLEASE PRINT CLEARLY)

Parent Email: _____

☐ U13 - \$1000
all teams

☐ U15E - \$2100

☐ U16E - \$1800

☐ U17E - \$2100

☐ U14 - \$1100
all teams

☐ U15U - \$1800

☐ U16U - \$1800

☐ U17U - \$2100

☐ U15A - \$1800

☐ U16A - \$1800

☐ U18E - \$2100

☐ U18U - \$1800

PAYMENT OPTION

#1 ☐ **PAID IN FULL**

Payee Ph# _____

☐ **E-Transfer**

Email Address caqvclub@gmail.com

(make sure to put your daughters name in the reference/remarks section of the E-Transfer so that we can keep track of payments)

#2 ☐ **DEPOSIT \$500**

☐ **E-Transfer**

Email Address caqvclub@gmail.com

(make sure to put your daughters name in the reference/remarks section of the E-Transfer so that we can keep track of payments)

☐ **BALANCE** (Due Feb 1st, 2025)
and before competition

☐ **E-Transfer**

Email Address caqvclub@gmail.com

(make sure to put your daughters name in the reference/remarks section of the E-Transfer so that we can keep track of payments)