



Central Alberta Queens Volleyball Club 2024-2025

PAYMENT FORM

Player Name: _____

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

Team: _____ Coach: _____

(PLEASE PRINT CLEARLY)

Parent Email: _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> U13 - \$1000
<small>all teams</small> | <input type="checkbox"/> U15E - \$2100 | <input type="checkbox"/> U16E - \$1800 | <input type="checkbox"/> U17E - \$2100 |
| <input type="checkbox"/> U14 - \$1100
<small>all teams</small> | <input type="checkbox"/> U15U - \$1800 | <input type="checkbox"/> U16U - \$1800 | <input type="checkbox"/> U17U - \$2100 |
| | <input type="checkbox"/> U15A - \$1800 | <input type="checkbox"/> U16A - \$1800 | <input type="checkbox"/> U18E - \$2100 |
| | | | <input type="checkbox"/> 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)

1st Payment is \$500 - 25% of full Team Fee is non-refundable if you choose not to play after making one of the teams

#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)