

PAYMENT FORM Player Name: _ _____ Day time phone #: _____ Parent / Guardian name: ___ Coach: (PLEASE PRINT CLEARLY) Parent Email: U16E - \$2000 U17E - \$2400 U15E - \$2000 U13 - \$1100 U16U - \$2200 U17U - \$2000 U15U - \$2000 U14 - \$1200 U16A - \$2000 U15A - \$2000 U18E - \$2200 U18U - \$2000 **PAYMENT OPTION PAID IN FULL** Payee Ph#_____ E-Transfer caqvclub@gmail.com (make sure to put your daughters name in the **Email Address** 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

DEPOSIT \$500 BALANCE (Due Feb 1st, 2026) and before competiton

> F-Transfer **E-Transfer**

Email Address caqvclub@gmail.com **Email Address** caqvclub@gmail.com

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