

PAYMENT FORM	
Player Name:	
Parent / Guardian name:	Day time phone #:
Team: Co	oach:
Parent Email:	(PLEASE PRINT CLEARLY)
	- 15 - \$1800 Ext & Ult \$1600 Alt U17 - \$1800
_	16 - \$1800 Ext & Ult \$1700 Alt U18 - \$1900
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	BALANCE (Due Feb 1st, 2024) and before competiton
E-Transfer	E-Transfer
Email Address caqvclub@gmail.com	Email Address caqvclub@gmail.com

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