

Player: \_\_\_\_\_

## SARASOTA JUNIORS - 2023-2024 Club Season

**Membership / Financial Agreement and CC Authorization Form (Payment is processed after accepting team assignment).**

### Membership Agreement:

I hereby agree to accept all terms and conditions associated with being a member of Sarasota Juniors. I will respect and adhere to all club policies as outlined in the club handbook.

Player Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

### Financial Agreement:

The undersigned Player and parent/guardian, hereafter jointly designated as Member, agree to accept membership in Sarasota Juniors for the entire club season. Membership entitles the Member to participate in practices and tournaments specified for their team. **The total deposit fee due is \$517.00 (Includes CC processing fee).** This will apply to training fees and events specified for the player's specific group but does not include any travel expenses. **There will be a separate CC Authorization form for team specific fees.**

### Player Information: (PLEASE PRINT)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Payment Information and Authorization: (PLEASE PRINT)

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. This is mandatory for membership.

I, \_\_\_\_\_, authorize **Sarasota Juniors** to charge my credit card for a total of **\$517.00** (TOTAL DEPOSIT AMOUNT).

____ Visa	____ MasterCard	____ AMEX	____ Discover Card
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Cardholder Name: \_\_\_\_\_  
\_\_\_\_\_

Exp Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CVN: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Sarasota Juniors** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated in this authorization form.