

Tucson Mountains S. F. C.
P.O. Box 86690
Tucson, AZ 85754-6690
Ph: 520-743-9574 Fax: 520-743-9967

REGISTRATION FEE AGREEMENT

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: HOME#: _____ CELL#: _____

CHILD'S NAME: _____ D.O.B. _____

I agree to pay to Tucson Mountains S.F.C. \$ _____ as registration fees for 2008
2009 payable \$ _____ at time of registration, and the balance payable
\$ _____.

Payment in full to be made by _____
(Date)

I understand that failure to comply with the above payment schedule may result in the
revocation of my child's rights and privileges in the Tucson Mountains S. F. C.

Signature

Date

Printed Name

For Official Use Only

Player ID#

Age Group

Date

Approved By

Date

Payments Rcvd