

Payment Agreement (PA) #_____

This PA is to cover t	the annual regist	tration fees to Va	alley East Skating	g Club for the fol	lowing VESC skat	cer(s):	
1							
2							
3							
VESC Club Member	Information (pe	erson paying ann	ual fees for abov	ve mentioned ska	ater(s) – please p	orint clearly)	
Name:							
Address:							
ty: Province:				Postal Code:			
Home phone numbe	r:		Cell ph	one number:			
Post-dated cheques	s received						
Balance owed: Name on cheques:	\$				_		
Financial Institution r					– I		
Payment #	1	2	3	4	5	6	
Cheque # Cheque amount							
Date on cheque*							
*Date choices: 1 st or 15 th	day of every month	(or the next busines	ss day)				
Payment Agreemer	nt Details						
I, the Payor, authoriz there are no refunds the end of the season Signature of Accour	or credit availab n, all post-dated	le (see Appendix	K). If I decide to	leave the sessio	n my child is regis		
Name: (please print)							
Date: (mm-dd-yyyy)							
Signature of Treasure	er:						
Cindy Lafleur							