

TIER II – 20% Cost discount and request for extended payment plan worksheet

*Families considered to be “of need” can and that do not owe a past-due balance to the Albany Power can qualify for discount. All families qualify for extended payment plan. Worksheet must be filled out completely and returned to Albany Power Lacrosse Club at practice or in the mail. If you have more than one child in the program the form only needs to be filled out once, form should include all info for all children.

Player Last Name _____ Player First Name _____

Parent Last Name _____ Parent First Name _____

Parent Last Name _____ Parent First Name _____

Address _____

City _____ State _____ Zip code _____

Contact Phone _____ Contact Email _____

Total Cost (amount owed) _____ - 20% discount = _____

*Boys Program: \$1,330

Payment #	Amount	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
----->		TOTAL



Please fill out the above chart with the amounts and dates that we can expect payment. The final date must be before 3/01/2020.

I understand that I am responsible for the total cost, listed above. I will make every effort to make my payments on-time. I understand that if any amount is still owed after 3/01/2020 I will be responsible for any costs associated with the collections process.

Printed name _____ Signature _____ Date _____

Coaches Request Form:

Parents please complete this form and submit it to your high school coach. If you are not aware of how to contact the high school coach you can submit the form to the Albany Power Lacrosse Club executive director and he will deliver it to your high school coach.

Player Name _____

Parent Name(s) _____

Contact Phone number _____

Contact Email _____

High School Player will/does attend _____

Current Grade _____ Current Team _____

Information below to filled out by Coach:

**The parents of the player above is requesting a discount of 20% on the cost of the Albany Power Lacrosse Program. We would like all players to be able to participate in the program. If you feel, after having a conversation with the parents/player, that they need some financial assistance, please sign below. Not all requests for assistance can be granted, there is a limited number of offers available due to the high cost of operating the program. Thank you for all you do!*

Do you feel that the family requires assistance: **YES** **NO**

Coach Requesting discount _____

Signature of Coach _____

Coaches email _____

Optional Comments: