



- |                                      |  |                                     |  |
|--------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Basketball  | <input type="checkbox"/> Cheer           | <input type="checkbox"/> Football   | <input type="checkbox"/> Ponytail Softball |
| <input type="checkbox"/> Snow Sports | <input type="checkbox"/> Summer Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling         |

## Promissory Note

AMA Booster's Club is more than willing to work with your financial needs. If you are unable to pay the required amount in full, please complete Section 1 or Section 2. This is your written agreement that you will pay AMA the agreed upon amount.

### **Section 1 - Payment Plan**

- \$10.00/week    \$15.00/week    \$20.00/week    \$50.00/week    Other \_\_\_\_\_

Payments to be made to commissioner or appointed personnel on WEDNESDAY of each practice week.

### **Section 2 - Hardship**

If you have had a hardship that will prevent you from paying the above amounts, and you are requesting a scholarship, please explain:

---

---

---

---

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player Name: \_\_\_\_\_ Team or Level: \_\_\_\_\_

Signature

Date

Payment Plan    Approved    Denied

\_\_\_\_\_  
Commissioner Signature

\_\_\_\_\_  
Date

Scholarship    Approved    Denied

\_\_\_\_\_  
Commissioner Signature

\_\_\_\_\_  
Date

Scholarship    Approved    Denied

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date