

Please keep this page for your records so you have the contact information and also when the next payment is due.

ILLINI ELITE VOLLEYBALL CLUB

2017 General Accounting Information – Spring Youth Season

The first payment for the 2017 spring youth season (\$50.00) is due at the time of online registration. At the sign-up dates, we will collect the dues payment #1 listed below and/or credit card authorization sheet for the rest of the dues. If you choose to pay with a credit card, the second payments (if applicable) will be charged automatically to your credit card on or around the dates listed. If you are paying by check or cash, please make note of when the next payments are due. Payments can always be dropped off in the payment drop box on the wall outside the office door or can be sent to the office address. If you would like to set up a payment plan, please see Andy or Joe and we can work out whatever needs to be done.

Contact information:

Illini Elite VBC
3 Quest Drive, Unit #209
Bloomington, IL 61705

Andy Erins/Joe Sanders/Mike Bolhuis
Phone: 309-829-3671
Fax: 309-823-9815
E-mail: Andy - illinielitevbc@aol.com
Joe - joe@illinielite.com
Mike - mike@illinielite.com

All Checks should be made payable to the following: ILLINI ELITE VBC.

Note: We must charge a \$15.00 fee for all returned checks.

Payments are due as follows:

For Credit Card payments please fill out the Credit Card Authorization portion of the 2017 Spring Youth Accounting Contact Information Form. Your credit card will be charged the amounts below on or near the dates listed below. Please be sure to have the email address listed legibly where you would like receipts to be emailed.

Payment Plans are always an option if you request one in writing. Please contact Andy or Joe by phone or email to set up an individualized payment plan. We would be happy to work with you, if needed, to arrange an acceptable payment plan. Our credit card processing system does allow us to set up payment plans with set amounts charged on a set schedule. Please note that it is also our right to not allow players to play if their accounts are not in good standing.

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	At the time of online Registration	At Sign-Up	At Sign-Up	By Friday, April 27 th	Total Due
		Payment #1	Payment #1	Payment #2	
10U-12U Program	\$50.00	\$415.00	n/a	n/a	\$465.00
13U Program	\$50.00	n/a	\$475.00	n/a	\$525.00
14U Program	\$50.00	n/a	\$575.00	n/a	\$625.00
13U Elite Program	\$50.00	n/a	\$475.00	\$250.00	\$775.00
14U Elite Program	\$50.00	n/a	\$575.00	\$150.00	\$775.00

For Office Use Only. Do Not Fill in this Box.

Amount to be charged: \$ _____ Payment Method: Check # _____ Amt.\$ _____ or CC below

ILLINI ELITE VBC
2017 Spring Youth Accounting Contact Information Form
(Yellow Form handed out at the meeting)

Please have the parent responsible for payments complete this form. Please make sure all information is legible...especially the email addresses.

Player name: _____ Player age division: _____

Parent(s) responsible for payment: Name: _____

Address: _____

City, St., Zip: _____

Home Phone number: _____ Cell Phone number: _____

Primary E-Mail (please print legibly): _____

Please note this is the e-mail address that all billing information will be emailed to.

Secondary E-Mail (please print legibly): _____

Only fill below this line if you intend to pay the dues by credit card.

Illini Elite Volleyball, Inc. Credit Card Authorization Form

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Card ID: _____ *(last three digits in signature panel)*

Billing Address of Cardholder:

Street: _____

City, St., Zip: _____

Billing Phone Number: _____

Billing Email Address: _____

I authorize ILLINI ELITE VOLLEYBALL, INC. to charge all dues related fees to this credit card as listed on the General Accounting Information sheet and payment schedule.

Signature of cardholder: _____