



## Bath Area Family YMCA

### Swim Team Payment Plan 2024-2025

In order to guarantee the continued success of our Swim Team program and to allow families to schedule payments according to their household budget, the YMCA is offering two options for team fee payment.

- Option one, is to pay the entire team fee at the time of registration.
- Option two is to pay by draft once a month over a six-month period.

***No one may practice without completed paperwork and making the September payment at the time of registration. If signing up late in season all past payments must be paid at the time of registration.***

Please remember that financial assistance is available. Financial aid forms may be found on our website or at the front desk. Financial aid forms with appropriate documentation, and/or questions should be directed to Sponge Email [sponge@bathymca.org](mailto:sponge@bathymca.org) or call (207)443-4112 ext. 11

Practice Group A-B practice begins 9/23/24 C-D practice begins 9/24/24	Full Season Fee	6 Monthly Payments to be completed by 2/28/25
<b>A</b> meets 5 days a week	<b>\$1250.00</b>	<b>\$208.00</b>
<b>B</b> meets 5 days a week	<b>\$900.00</b>	<b>\$150.00</b>
<b>C</b> meets 3 days a week	<b>\$700.00</b>	<b>\$116.00</b>
<b>D</b> meets 2 days a week	<b>\$600.00</b>	<b>\$100.00</b>

Team Members Name: \_\_\_\_\_

Practice Group Requested: \_\_\_\_\_

Parent/Guardian's Name and Phone number: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Security Code (on back of card) \_\_\_\_\_

Debit or Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

**"OR"**

Checking Account: Account Holders Name: \_\_\_\_\_ (Please attach a voided check.)

By signing this form, I agree that funds will be withdrawn from the account indicated on the **28<sup>th</sup>** day of September 2023, October 2023, November 2023, December 2023, January 2024, and February 2024.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return Team payment form to the front desk.**

Date Payments Scheduled _____
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