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U15 RED

Four Payment Plan

First Payment:	At Registration	\$338
Second Payment:	January 1, 2012	\$338
Third Payment:	February 1, 2012	\$338
Fourth Payment:	March 1, 2011	\$338

Date: _____ Team Number: _____ Team Name: _____

Player's Name: _____ Birth Date: _____

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

Cost of Team: \$1300 Payment Plan Amount: _____

Your card will be charged \$338 on the first of January, February, and March of 2012.

Credit Card Information:

Card Type: _____ Expiration Date: _____ Billing Zip Code: _____

Card Number: _____ COV#: _____

Parent's Name: _____ Parent's Signature: _____

**Without payment players will not be allowed
to participate!**