



Agreement Date: _____ Contract Start Date: _____
 Name: _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 Emergency Contact/Relationship: _____ Phone: _____

CONTRACT DURATION AND AUTOMATIC RENEWAL:

Contract will last for the duration of six weeks. By choosing membership options (1x) or (2x) you will be able to come either day(s) of the week.

CANCELLATION POLICY:

PLEASE NOTE: PAID IN FULL MEMBERSHIPS ARE NON-REFUNDABLE.

Mission Youth Athletics Membership (1x)	Mission Youth Athletics Membership (2x)
\$150	\$250

Please choose the day(s) that your child will be participating:

Monday	Wednesday
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CC# _____ Expiration: _____ Code: _____
 BEFORE SIGNING PLEASE MAKE SURE TO READ ALL CONTRACT WORDING CAREFULLY AS THIS CONTRACT
 SHALL HAVE FULL FORCE AND EFFECT, ONCE YOU SIGN.
 Signature: _____ Date: _____ Print Name: _____