

Fee Worksheet SWIM FIT

Burlington Aquatic Devilrays
P.O. Box 80012 Appleby Postal Office
Burlington, Ontario L7L 6B1

* This worksheet is for swimmers enrolling in the SWIM FIT Program

* Please attach one void cheque payable to Burlington Aquatic Devilrays or BAD.
Be sure to note swimmer's name, swim group.

* Registration, Program Fees will be withdrawn from your account through electronic funds transfer (EFT) based on the payment schedule on page 2.

By providing a void cheque check you are authorizing Burlington Aquatic Devilrays to deduct the above noted registration, program fees, raffle/fundraising, and meet fees from your bank account on the specified dates.

Swimmers Name _____ New Swimmer Returning Swimmer

Swim Program _____ Swim Season 2010-2011

Shirt Size (Included with Registration) (Youth L, Adult S M L XL) _____

Sibling(s) enrolled in BAD programs

Please indicate each sibling's name and program. _____

* **One Fee Worksheet is required for each child enrolled in a BAD Program**

Swim Fit Fees for 2010-2011

Registration:	For New Swimmers	
	For Returning Swimmers July 15, 2010	60
	For Returning Swimmers After July 15, 2010	100

Please note that the paperwork has to be received by July 15, 2010, and that the Program Registration will be withdrawn on August 1, 2010 for returning swimmers. For new swimmers the money will be withdrawn on September 01, 2010.

Swim Fit Fees

Program Fees	1,000
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The Program fees will be taken out of your bank account on the 1st of the month starting September 01, 2010.

Option A	1-Sep-10	\$125.00	Jan 01/11	\$125.00
	1-Oct-10	\$125.00	Feb 01/11	\$125.00
	1-Nov-10	\$125.00	Mar 01/11	\$125.00
	1-Dec-10	\$125.00	Apr 01/11	\$125.00

Option B One full payment by either Cheque or Direct Debit on Sept 15, 2010

Please Indicate Payment Option _____

By providing a void cheque check you are authorizing Burlington Aquatic Devilrays to deduct the above noted registration, program fees, raffle/fundraising, and meet fees from your bank account on the specified dates.

Date : _____ Contact : _____

Phone: _____ email: _____

Cell : _____ alternate email: _____

Signature: _____