

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\* Registration, Program Fees will be withdrawn from your account through electronic funds transfer (EFT) based on the payment schedule on page 2.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

Swimmers Name \_\_\_\_\_  New Swimmer  Returning Swimmer

Swim Program \_\_\_\_\_ Swim Season 2011-2012

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 2011-2012**

<b>Registration:</b>	For New Swimmers	
	<b>For Returning Swimmers July 01, 2011</b>	<b>60</b>
	<b>For Returning Swimmers After July 02, 2011</b>	<b>100</b>

Please note that the paperwork has to be received by July 1, 2011, and that the Program Registration will be withdrawn on August 1, 2011 for returning swimmers. For new swimmers the money will be withdrawn on September 01, 2011

**Fees**

<b>Program Fees</b>	<b>1,000</b>
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The Program fees will be taken out of your bank account on the 1st of the month starting September 01, 2011

Option A	1-Sep-11	\$125.00	Jan 01/12	\$125.00
	1-Oct-11	\$125.00	Feb 01/12	\$125.00
	1-Nov-11	\$125.00	Mar 01/12	\$125.00
	1-Dec-11	\$125.00	Apr 01/12	\$125.00

Option B One full payment by either Cheque or Direct Debit on Sept 15, 2011

Please Indicate Payment Option \_\_\_\_\_

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

Date : \_\_\_\_\_ Contact : \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Cell : \_\_\_\_\_ alternate email: \_\_\_\_\_

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