



ARCADIA RIPTIDES SWIM CLUB

www.arcadiaswimclub.org

Payment Schedule

Swim Year: _____ to _____

Date: _____

Swimmer Name and Phone Number: _____

Payment Terms:

Monthly training fee is due from the 1st to the 15th of each month. Swimmer will not be permitted to practice on the 16th, if fee is not rendered on this day, and \$10 late fee will be applied.

Please make check payable to "Arcadia Riptide Swim Club", and write swimmer's name(s) on check. Submit check at pool office, or mail to '145 E. Duarte Road, #AA-503, Arcadia, CA 91006'. Payment must be post-stamped by the 15th.

Annual Membership Fee (one-time fee):

1. USA Swimming Registration/Insurance –Per Swimmer
2. ARSC Registration – 1st Swimmer of Family
 2nd Swimmer of Family
 3rd Swimmer of Family

Fee	Number of Swimmer	Sub-total
\$50.00		
\$80.00		
\$50.00		
\$40.00		

Total _____

Monthly Training Fee / by monthly

- 1st Swimmer of Family
- 2nd Swimmer of Family
- Third on – each

Fee	Number of Swimmer	Sub-total
\$55.00		
\$45.00		
\$40.00		

Total _____

Full Year One-Time Lump Training Fee Payment (10% discount)

- 1st Swimmer of Family (\$55x12x90%=\$594)
- 2nd Swimmer of Family (\$45x12x90%=\$486)
- Third on - each (\$40x12x90%=\$432)

Fee	Number of Swimmer	Sub-total
\$594.00		
\$486.00		
\$432.00		

Total _____

Grand Total Due \$ _____
 Check Number _____ or Cash _____

White: ARSC
 Yellow: Member