



Wonderland Wizards Youth Hockey Association Payment Plan Policy 2013 – 2014 Season

The mission of the Wonderland Wizards Youth Hockey Association (WWYHA) is to provide an outstanding educational-athletic organization and an opportunity for every child to play hockey, regardless of their family's financial ability to pay. The WWYHA tries to provide financial assistance to families in need through a payment plan. This assistance is awarded on a discretionary basis by the Board of Directors and its designated Scholarship Committee based on the demonstrated financial need of the applicant.

Applicants can be assured that all information related to application and approval will be kept in the strictest of confidence and will only be shared with the applicant, the Executive Board and the Scholarship Committee. Applicants with unpaid balances from prior seasons will NOT be considered for a payment plan in the current season.

WWYHA's policy is that all families that intend to participate in the association's programs must fulfill all financial obligations. Families should not apply with the intention of backing out of a team if they are not awarded a payment plan. WWYHA requires full player commitment to the team before the application for a payment plan is considered. This includes payment of your first installment due at the time of player commitment.

For consideration, all documentation MUST be completed and submitted no later than the due dates listed to:

Wonderland Wizards
Youth Hockey Association
P.O. Box 55348
Bridgeport, CT 06610
ATTENTION: SCHOLARSHIP COMMITTEE - CONFIDENTIAL

Program	Due Date
Travel	May 1, 2013
Girls Travel	May 1, 2013
House	August 1, 2013

The WWYHA reserves the right to verify information requested on the form. All payment plan agreements will be made after the deadline once all applications have been submitted.

At any time, during the season, if the applicant awarded a payment plan violates the association's policies, the code of conduct and/or confidential nature of the agreement, the WWYHA reserves the right to terminate the payment plan agreement.

The following items MUST be submitted as part of the application process:

1. Application Form (form on next page)
2. First 2 pages of the last two years' 1040 Tax Forms of both parents (including divorced/separated parents); black out all Social Security #'s and Bank Account #'s on Tax Forms
3. Other considerations that should be taken into account (i.e., financial situations, change in employment status, special needs, etc.)



**Wonderland Wizards Youth Hockey Association
Payment Plan Application Form
2013 – 2014 Season**

Please indicate the total number of children in the household: _____

Please list all your children that are planning to participate in WWYHA during the 2013-14 season:

Name	'13-'14 Level (e.g., Mite)	Travel/House/Girls	Year Started WWYHA

Mother/Guardian Information

Name	
Address	
Home Phone	
Cell Phone	
Email	

Father/Guardian Information

Name	
Address	
Home Phone	
Cell Phone	
Email	

The above parents/guardians are (check which applies):

_____ Married _____ Divorced/Legally Separated _____ Single/Unmarried _____ Widowed

If divorced or legally separated, please indicate which parent has custody:

Please provide the following financial information:

	Mother/Guardian	Father/Guardian	Joint/Combined
Current Employer			
2012 Wages, Salary and/or Self-Employment Income			
Annual Income From Child Support and/or Alimony			
Other Annual Income			
Do you own or rent your home?			
Monthly Mortgage or Rent Payments			
Do you own a second home?			
Monthly Mortgage or Rent Payments on Second Home			

Please provide any other information you would like us to consider (change in employment status, dependent parent, special needs, etc.):

I/We certify that the above information is true and accurate. I/We authorize the WWYHA Scholarship Committee to make any inquiries deemed necessary to verify the information provided. This form must be signed by all custodial parents/guardians.

Mother/Guardian

Father/Guardian

Date

Date

***** SCHOLARSHIP COMMITTEE USE ONLY *****

Date _____ Approved _____ Not Approved

Total Season Fee \$ _____

Commitment Fee \$ _____

Remaining Balance on Payment Plan \$ _____



**Wonderland Wizards Youth Hockey Association
Payment Plan Agreement
2013 – 2014 Season**

PLEASE PRINT ALL INFORMATION CLEARLY

Date: _____ Team: _____

Player's Name: _____
Last Name First Name

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Parent/Guardian Name: _____

I, _____ (Parent/Guardian) understand and agree to pay the Wonderland Wizards Youth Hockey Association ("WWYHA") all payment amounts due and owing as established in the Payment Plan Schedule as detailed on the next page. I understand that this Payment Plan Agreement is established for the Total Fee only upon receipt of a check or money order for the stated Deposit amount and a signed Letter of Commitment.

I understand and agree that failure to pay any and all Outstanding Balances by the Due Dates as detailed in the Payment Plan Schedule will result in my child not being allowed to participate in any future WWYHA activities. There will be a \$50 late fee for all payments made past the stated due dates. Post-dated checks will not be accepted; all checks must be for the dates stated on the agreement. Failure to pay any and all Outstanding Balances more than 30 days after demand has been made for the same will result in civil litigation. I understand and agree to pay for legal fees and court costs, including reasonable attorneys' fees, court costs and marshal fees. Please note per the payment schedule all balances must be paid in full by **November 30, 2013**. There are no exceptions to this. I understand and agree that withdrawal from WWYHA does not release me from this payment plan obligation or any financial penalties. There will be a \$25 fee applied to all returned checks.

Parent/Guardian Signature

Parent/Guardian-Print Name

2013-2014 Wonderland Wizards Payment Plans

Check one box:

Bantam \$2,975.00
Commitment \$1,000.00
Pmt Plan \$1,975.00

Payment #	Amount	Due Date
Payment 1	\$375.00	06/30/13
Payment 2	\$320.00	07/30/13
Payment 3	\$320.00	08/30/13
Payment 4	\$320.00	09/30/13
Payment 5	\$320.00	10/30/13
Payment 6	\$320.00	11/30/13

PeeWee \$2,975.00
Commitment \$1,000.00
Pmt Plan \$1,975.00

Payment #	Amount	Due Date
Payment 1	\$375.00	06/30/13
Payment 2	\$320.00	07/30/13
Payment 3	\$320.00	08/30/13
Payment 4	\$320.00	09/30/13
Payment 5	\$320.00	10/30/13
Payment 6	\$320.00	11/30/13

Squirt \$2,875.00
Commitment \$1,000.00
Pmt Plan \$1,875.00

Payment #	Amount	Due Date
Payment 1	\$375.00	06/30/13
Payment 2	\$300.00	07/30/13
Payment 3	\$300.00	08/30/13
Payment 4	\$300.00	09/30/13
Payment 5	\$300.00	10/30/13
Payment 6	\$300.00	11/30/13

Girls \$2,500.00
Commitment \$1,000.00
Pmt Plan \$1,500.00

Payment #	Amount	Due Date
Payment 1	\$250.00	06/30/13
Payment 2	\$250.00	07/30/13
Payment 3	\$250.00	08/30/13
Payment 4	\$250.00	09/30/13
Payment 5	\$250.00	10/30/13
Payment 6	\$250.00	11/30/13

House \$995.00
Commitment \$495.00
Pmt Plan \$500.00

Payment #	Amount	Due Date
Payment 1	\$250.00	10/30/13
Payment 2	\$250.00	11/30/13

NOTE: All Checks are to be made payable to "Wonderland Wizards" and can be dropped off at the mailbox inside Wonderland of Ice or mailed directly to Wonderland Wizards Youth Hockey Association, P.O. Box 55348, Bridgeport, CT 06610.