



Faith Christian Academy

Athletics Office

4330 NW Cookingham Drive Kansas City, MO 64164

Phone: (816) 455.3513 Fax: (816) 455.0982

Athletic Fees Payment Plan Form

I am requesting an athletic payment plan during the 2020-21 school year for the sport:

- Women's Volleyball
 Basketball
 Track
 Women's Soccer
 Men's Soccer
 Men's Baseball

Student Name: _____ Grade/Age: _____

Parent(s)/Guardian(s) Names: _____

Family Payment Agreement:

Monthly payments of \$ _____ for (how many) _____ months until my athletic fees are paid in full.

Pay the balance of \$ _____ by (list date): _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please Note: This payment plan will expire on the date agreed upon in the terms above. Students may not be allowed to participate in future sports until the balance is paid in full or a new payment plan has been established. Thank you.

For Office Use Only:

Total Fees Owed: \$ _____

DUE DATE	PAYMENT AMOUNT	DATE PAID	BALANCE
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			

Paid in Full on _____ Athletic Director Signature: _____