

IOWA CITY ALLIANCE SOCCER CLUB
PO BOX 660
IOWA CITY, IA 52244



COMMITMENT FORM 2007/2008

Contact Information:

Player Last Name:		Player First Name:	
Date of Birth:			
Address:		Home Phone:	
City:	State:	Zip Code:	
Fathers Name:		Mothers Name:	
Work Phone (Father):		Work Phone (Mother):	
Cell Phone (Father):		Cell Phone (Mother):	
Primary e-mail address:		Additional e-mail address:	

<p><i>The state association has a new player ID system for 07/08. New player IDs will be FLMMDDYYMMDD FL=First letter in the player's first name and last name MMDDYY=Month, date, year of the player's birthdate MMDD=Player's mother's month and day of birth</i></p>	<p>Mother's Birthday (month/date):</p>
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Annual Fees:

U-10 teams and under	U-11 teams and older
Club Administration - \$130.00	Club Administration - \$130.00
Developmental (Coaching) - \$336.00	Developmental (Coaching) - \$462.50
Facility Rental Fee - \$80.00	Facility Rental Fee - \$90.00
Total - \$546.00	Total - \$682.50

Please Select One Payment Option: A or B

<input type="checkbox"/> A. Payment in Full at 5% discounted rate
<input type="checkbox"/> U-10 teams and under \$518.70
<input type="checkbox"/> U-11 teams and older \$648.38
<input type="checkbox"/> B. Payment by Electronic Funds Transfer <i>A bank authorization form must be attached.</i>
<input type="checkbox"/> U-10 teams and under (\$546) = 8 EFT monthly payments of \$68.25 beginning 7/01/07
<input type="checkbox"/> U-11 teams and older (\$682.50) = 8 EFT monthly payments of \$85.31 beginning 7/01/07

Tax Deductible Contributions for Scholarship Fund

<input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$100 <input type="checkbox"/> other \$_____

Players joining the club for the first time must include a copy of their birth certificate.

*All registrations received after June 1 incur a \$25 late fee
 A \$20 fee will be imposed on any returned checks*

For office use only:

<input type="checkbox"/> EFT Form Completed	Check #
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