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**CLUB 1 INFORMATION CHECKLIST**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract: \_\_\_\_\_\_\_\_

USAV Medical: \_\_\_\_\_\_\_\_

JVA Medical: \_\_\_\_\_\_\_\_

JVA Liability: \_\_\_\_\_\_\_\_

FOP Form: \_\_\_\_\_\_\_\_ FOP Opt Out \_\_\_\_\_\_\_\_ ($75.00)

Recognition Form: \_\_\_\_\_\_\_\_

Down Payment: \_\_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_ Credit

I will pay tuition in: \_\_\_\_\_\_\_ Full \_\_\_\_\_\_\_ 2 \_\_\_\_\_\_ 3 \_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_ 5

I am aware that there is a $25.00 administrative fee per installment payment that will be added to my account. There will be a $29.00 fee assessed for any returned checks.

CC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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