## **BATAVIA COMMUNITY RECREATION LEAGUE**

www.bcrl.org

## **Financial Agreement**

Activity/Sport			
		All checks and charges will be processed without warning o	on the listed dates.
		Child Name:	
Responsible Person:			
Address <u>:</u>	Phone 1:		
Email:	Phone 2:		
I will pay by credit card on the agreed to times (a con account for processing fees)  CC #: Exp Date:  Billing Zip Code: CVC Code:	venience fee will be added to every charge to		
Charges (fees will be added to amounts listed)			
Amount Date  By signing this agreement, I agree that the agreed to transa	actions will occur without warning or notice.		
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Responsible Party Signature	Date:		