



Carina

Junior Rugby League Football Club

Celebrating fifty four years of rugby league 1958 – 2012

The Secretary
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ABN 16 990 133 178

REQUEST TO PAY BY INSTALMENTS

Dear Treasurer

I _____ being the parent / legal guardian of the following player/s of Carina Junior Rugby League Football Club, wish to pay the _____ season player levy by instalments.

Details of Player/s

<u>Name</u>	<u>Team</u>	<u>Player Levy</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____

Details of Instalments

<u>Date</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I am aware if the agreed payments are not made, my child/children will be unable to play until their player levy is paid in full.

Signed: _____ Date: _____

Authorised by: _____ Date: _____



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