



# Lake Howell Pop Warner

PO Box 300587, Fern Park, FL 32730-0587  
www.lakehowellhawks.com



## 2009 PAYMENT PLAN PROGRAM

\*\* CONFIDENTIAL \*\*

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Team: \_\_\_\_\_ **Payment Plan Amount:** \_\_\_\_\_

Payment Plan Instructions / Details: (indicate if payment plan includes any additional for football and/or cheer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name on Check \_\_\_\_\_  
Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Name on Check \_\_\_\_\_  
Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

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