

**COMPLETE AND RETURN BY JUNE 1, 2026 TO THE MEMBER SERVICE CENTER / KATHLEEN**



**TUSCARAWAS COUNTY YMCA  
MONTHLY AUTO-PAY AGREEMENT - MONTHLY TEAM FEE AND  
COMPETITION PACKAGE  
2026-2027 SEASON / 12 Month Commitment / Jun-May**

Returning Team Member     New Team Member    **FIRST PAYMENT JUNE 15, 2026**

Gymnasts Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please Mark Group:    A    B    C    D

Please Mark Gymnast's Level:    3    4    5    6    7    8    Xcel

**Parent/ Guardian Responsible for Gymnastics Team Payment:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Policy (please read):**

- This agreement authorizes the Tuscarawas County YMCA to make automatic withdrawals from your account.
- Please contact the YMCA by the first of each month if you close your account or change your address or banking information.
- You may be disqualified from further participation on the team after one month of non-payment resulting from closed or inactive account information or NSF.
- Any NSF payment may be recovered electronically by the YMCA or through a third-part service if the draft is returned for insufficient funds. There will be an additional amount of \$15 charged for payments returned NSF. This is in addition to any service fee your bank may issue.

**PAYMENT INFORMATION FOR MONTHLY TEAM FEE AND COMPETITION PACKAGE:**

Use same payment method as my monthly membership draft **See Back for Payment Details, Rates, and Dates.**  
**Please provide last 4 numbers of the account or card on file** \_\_\_\_\_

**-OR-**

**Monthly Bank Draft Option (Drafts on the 15th)**

Account Type:    Checking     Savings

Please provide voided check or deposit slip for verification

Name of Bank \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**Credit Card Draft Option (Drafts on the 15th)**

Credit Card Type:    MC    VISA    DIS    AE

Please provide copy of credit card for verification

Name of Bank \_\_\_\_\_

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

Account # \_\_\_\_\_

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

**Pay in Full on June 15**

**Parent/ Guardian**

**Signature Required** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MONTHLY GYMNASTICS TEAM FEES

This payment covers practice and coaching.

### Payment Options:

Paid In Full by June 15 or Monthly Auto Draft June 15-May 15.  
Forms are due by June 1.

Group		Monthly Fee
A	Level 5, 6, 7, XP	\$130
B	Level 3, 4, XG	\$120

Monthly payments are drafted on the 15<sup>th</sup> of the month.

A **charge of \$15** will be added if an insufficient fund occurs. All accounts must be in good standing for gymnast to practice or compete.

**Gymnastics Season is 12 months:  
June 1-May 31**

## COMPETITION PACKAGES FEES

This payment covers gymnastics meets, judging fees, etc. for the season. Please see Gymnastics Team Handbook for additional information

Competition payments draft in 4 payments (Aug/Sept/Oct/Nov)

Monthly Auto Draft will be done on the 15<sup>th</sup> of the month.

A **charge of \$15** will be added if an insufficient fund occurs. All accounts must be in good standing for gymnast to practice or compete.

Level	Package Amount	Aug	Sept	Oct	Nov
Level 3	\$325	\$100	\$75	\$75	\$75
Level 4	\$400	\$100	\$100	\$100	\$100
Level 5	\$475	\$125	\$125	\$125	\$100
Level 6	\$475	\$125	\$125	\$125	\$100
Level 7	\$475	\$125	\$125	\$125	\$100
Level 8	\$475	\$125	\$125	\$125	\$100
Xcel	\$400	\$100	\$100	\$100	\$100