



PAYMENT COUPON

PLAYER NAME \_\_\_\_\_ PARENT NAME \_\_\_\_\_

TEAM \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

PAYMENT DATE: JAN \_\_\_\_\_ FEB \_\_\_\_\_ MARCH \_\_\_\_\_ 2010

COMMENTS:

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PLEASE MAIL PAYMENTS TO:

*RHONDA LEMENSE  
SUNSPONTS PAYMENT  
401 POMEROY  
EL PASO, TX 79928*

**\*\*PLEASE NOTE:**

- **PAYMENTS ARE DUE ON THE 1<sup>ST</sup> DAY OF THE MONTHS LISTED ABOVE.**
- **PAYMENTS ARE LATE ON THE 10<sup>TH</sup> OF THE MONTH AND WILL BE ASSESSED A LATE FEE THAT WILL BE DUE WITH THE NEXT MONTH'S PAYMENT.**
- **IF LATE FEES ARE NOT PAID, THE ACCOUNT WILL BE CONSIDERED DELINQUENT\*\***