

UCSB Sport Clubs
Club Dues Payment Agreement

I, _____, elect to be billed for my sport club dues through
Last name, First Name

the University Billing & Accounts Receivable Office (BARC). The \$30.00 Sport Club Fee is non-refundable. I understand that if I quit the team after _____, I will not receive a dues refund. *Date*

\$ 270 _____ Dues Amount

\$ 30 _____ Sport Club Fee

\$ 300 _____ Total Amt. To BARC Team: Triathlon

Last Name: _____ First Name: _____ Perm #: _____

Quarter: _____
Signature *Date*

Validation (Sport Club Coordinator): _____

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