



PARENT / PLAYER PROMISSORY NOTE

Player Name:	Parent Name:
District Name:	Parent Address:
Player Birthday:	City, State, and Zip:
Division:	Home Phone:
	Cell Phone:
Contact email address:	Work Phone:

WE THE UNDERSIGNED PARENTS, PROMISE TO PAY TO THE ORDER OF:

**Ute Conference, Inc.
 405 South Main Street, Suite 1100
 Salt Lake City, Utah 84111**

Registration Fee:	
Amount Paid at Registration:	
Balance Due:	
Balance Due Date:	

All Amounts are Due and Payable as follows:

Balance Due:	Payment Due Date	Date Paid
Payment Amount:		
Payment Amount:		
Payment Amount:		

All Payments due and payable prior to Labor Day of the current year. If payments are not paid in full, Ute Conference, Inc. reserves the right to remove said player from team roster.

Payment of this note may be made at any time without penalty.

If the holder deems itself insecure or if default be made in payment of the whole or any part of any installment at the time when or the place where the same becomes due and payable as aforesaid, then the entire unpaid balance, shall, at the election of the holder hereof and without notice of said election at once become due and payable. In the event of any such default or acceleration the undersigned, jointly and severally, agree to pay to the holder hereof reasonable attorney's fees, legal expenses and lawful collection costs in addition to all other sums due hereunder.

Presentment, demand, protest of dishonor and extension of time without notice are hereby waived and the undersigned consent to the release of any security, or any part thereof, with or without substitution.

Date: _____ Print Name: _____ Signature: _____

UTE CONFERENCE REGISTRATION FEE BREAKDOWN: \$50.00 OF REGISTRATION FEE GOES TOWARDS FRANCHISE FEES, AND INSURANCES, \$50.00 GOES TO JERSEY PURCHASES, \$50.00 GOES TO OFFICIALS, SECURITY AND ON FIELD MEDICAL PERSONNEL AND \$10.00 GOES TO ONLINE ADMINISTRATIVE COSTS. BALANCE OF FEES GOES TO THE DISTRICT FOR OPERATIONS. EACH DISTRICT OPERATES INDEPENDENTLY.